FILE NOW: FILING FEE IS $61.25

FILED
Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736190 (0)

1. Corporation Name

SEMINOLE LODGE NO. 2519, BENEVOLENT AND PROTECTI VE ORDER OF ELKS OF THE UNITED STATES OF AMERICA

Principal Place of Business	Mailing Address
10717 SEMINOLE BLVD. SEMINOLE FL 33778 US	10717 SEMINOLE BLVD. SEMINOLE FL 33778 US

3. Date Incorporated or Qualified: 06/17/1976

4. FEI Number: 51-0171548 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

EDMAN, JOHN M.
10800-B 47TH STREET N.
CLEARWATER FL 34622

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0508, Florida Statutes.

SIGNATURE: John M. Edman John M. Edman DATE: 1/27/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHINDLER, HARRY K		1.2 NAME		
STREET ADDRESS	10438 KUMQUAT LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 33772		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GILLHESPY, EUGENE K		2.2 NAME		
STREET ADDRESS	13482 CORDOVA DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33774		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ATTI, LOU		3.2 NAME		
STREET ADDRESS	11154 SEMINOLE DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33708		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SPAULDING, EARL C		4.2 NAME		
STREET ADDRESS	12100 SEMINOLE BLVD. #12		4.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33778		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BOSS, MURIEL E		5.2 NAME		
STREET ADDRESS	11301 122ND AVE. N.		5.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33778		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LANGER, GEORGE H		6.2 NAME		
STREET ADDRESS	11219 130TH AVE. NORTH		6.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33778		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Sec... (6), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George H Langer George H Langer 1/10/98