

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90027 016 ****70.00

0056048

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736190

1. Corporation Name

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

Principal Place of Business

10717 SEMINOLE BLVD.
SEMINOLE FL 33778
US

Mailing Address

10717 SEMINOLE BLVD.
SEMINOLE FL 33778
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

06/17/1976

4. FEI Number

51-0171548

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

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

Joseph R. Hachey

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

11200 102nd Ave. #96

83

84 City

Largo

FL

85 Zip Code

33778

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 617.0503, Florida Statutes.

SIGNATURE

Joseph R. Hachey

JOSEPH R. HACHEY

3-8-99

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE
NAME SCHINDLER, HARRY K
STREET ADDRESS 10438 KUMQUAT LANE
CITY-ST-ZIP SEMINOLE FL 33772

TITLE D ☐ DELETE
NAME GILLHESPY, EUGENE K
STREET ADDRESS 13482 CORDOVA DRIVE
CITY-ST-ZIP LARGO FL 33774

TITLE D ☐ DELETE
NAME ATTI, LOU
STREET ADDRESS 11154 SEMINOLE DR.
CITY-ST-ZIP ST. PETERSBURG FL 33708

TITLE D ☐ DELETE
NAME SPAULDING, EARL C
STREET ADDRESS 12100 SEMINOLE BLVD. #12
CITY-ST-ZIP LARGO FL 33778

TITLE D ☐ DELETE
NAME BOSS, MURIEL E
STREET ADDRESS 11301 122ND AVE. N.
CITY-ST-ZIP LARGO FL 33778

TITLE S ☐ DELETE
NAME LANGER, GEORGE H
STREET ADDRESS 11219 130TH AVE. NORTH
CITY-ST-ZIP LARGO FL 33778

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President/Exalted Ruler ☒ Change ☐ Addition
1.2 NAME Gerard VanHaerents
1.3 STREET ADDRESS 10349 South Park Drive
1.4 CITY-ST-ZIP Largo, FL 33773

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

George H Langer

3/4/99 27-397-7W3

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)