

CORRECTED REPORT PREVIOUSLY FILED
FILE NOW: FILING FEES \$61.25

Amended

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

99 MAY 17 PM 2:18

TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/17/1976	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 City & State		51-0171548	
24 Zip		29 Country		5. Certificate of Status Desired	
25		30		☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				☐ \$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 4/30/99
NOTE: Registered Agent signatures required when reappointing

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President/Exalted Ruler
NAME	SCHINDLER, HARRY K	1.2 NAME	Kenneth J. Yagoda
STREET ADDRESS	10438 KUMOUAT LANE	1.3 STREET ADDRESS	8628 Pinetree Drive
CITY-ST-ZIP	SEMINOLE FL 33772	1.4 CITY-ST-ZIP	Seminole, FL 33772
TITLE	D	2.1 TITLE	
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	3.1 TITLE	
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	4.1 TITLE	D
NAME	SPAULDING, EARL C	4.2 NAME	Gerard VanHaerents
STREET ADDRESS	12100 SEMINOLE BLVD. #12	4.3 STREET ADDRESS	10349 So. Park Dr.
CITY-ST-ZIP	LARGO FL 33778	4.4 CITY-ST-ZIP	Largo, FL 33773
TITLE	D	5.1 TITLE	
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	6.1 TITLE	Secretary
NAME	LANGER, GEORGE H	6.2 NAME	James D. Hand
STREET ADDRESS	11219 130TH AVE. NORTH	6.3 STREET ADDRESS	9884 Indian Key Trail
CITY-ST-ZIP	LARGO FL 33778	6.4 CITY-ST-ZIP	Seminole, FL 33776

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

James D. Hand JAMES D. HAND 4/30/99
727-397-7153

CR25037 (1/98)