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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **739962** (9)

1. Corporation Name

BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA SUBORDINATE LODGE OF OKE



Principal Place of Business	Mailing Address
HIGHWAY 70 EAST P.O. BOX 1341 OKEECHOBEE FL 34972	HIGHWAY 70 EAST P.O. BOX 1341 OKEECHOBEE FL 34972

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

3. Date Incorporated or Qualified	4. FEI Number	Applied For
08/22/1977	51-0227832	Not Applicable
5. Certificate of Status Desired	6. Election Campaign Financing Trust Fund Contribution	7. Is this nonprofit corporation a homeowners association?
<input type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> \$5.00 May Be Added to Fees	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
YOUNG, ANTHONY T. 975 SW 138TH AVE OKEECHOBEE FL 34974

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	ER HAMILTON, GREGORY <input checked="" type="checkbox"/> DELETE
NAME	7950 SW HWY 78 LOT 123
STREET ADDRESS	OKEECHOBEE FL
CITY-ST-ZIP	
TITLE	S BLAKE, LAWRENCE <input checked="" type="checkbox"/> DELETE
NAME	6120 NE 72ND CIRCLE W #19
STREET ADDRESS	OKEECHOBEE FL
CITY-ST-ZIP	
TITLE	S COBB, HARRY P. <input type="checkbox"/> DELETE
NAME	17400 N.W. 2ND LANE
STREET ADDRESS	OKEECHOBEE FL
CITY-ST-ZIP	
TITLE	D PROULX, MAX <input checked="" type="checkbox"/> DELETE
NAME	3025 SW 20TH COURT
STREET ADDRESS	OKEECHOBEE FL
CITY-ST-ZIP	
TITLE	T BOST, CHARLES <input checked="" type="checkbox"/> DELETE
NAME	209 NE 8TH AVE
STREET ADDRESS	OKEECHOBEE FL
CITY-ST-ZIP	
TITLE	D JONES, JERRY <input type="checkbox"/> DELETE
NAME	4277 SE 23RD COURT
STREET ADDRESS	OKEECHOBEE FL
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	ER FRANK MUIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	11879 SE 171st St
1.3 STREET ADDRESS	Jupiter, FL 33469
1.4 CITY-ST-ZIP	
2.1 TITLE	S JON PROULX <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	3811 SE 25th St
2.3 STREET ADDRESS	OKEECHOBEE, FL 34974
2.4 CITY-ST-ZIP	
3.1 TITLE	SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Jack Murray <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	2325 SE 31st Way
4.3 STREET ADDRESS	Okeechobee FL 34974
4.4 CITY-ST-ZIP	
5.1 TITLE	Gary Casperson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	8740 NE 12th Lane
5.3 STREET ADDRESS	Okeechobee FL 34974
5.4 CITY-ST-ZIP	
6.1 TITLE	SAME <input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *[Signature]* 4/27/98 763-6580

CR2E037 (10/97)