

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90146 008 ****61.25

DOCUMENT # 739962

1. Corporation Name

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

Principal Place of Business

HIGHWAY 70 EAST
P.O. BOX 1341
OKEECHOBEE FL 34972

Mailing Address

HIGHWAY 70 EAST
P.O. BOX 1341
OKEECHOBEE FL 34972



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/22/1977

4. FEI Number

51-0227932

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

YOUNG, ANTHONY T.
975 SW 136TH 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

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 617.0503, Florida Statutes.

SIGNATURE

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 ER ☒ DELETE

NAME MUIR, FRANK
STREET ADDRESS 11879 SE 171ST STREET
CITY-ST-ZIP JUPITER FL 33469

TITLE S ☐ DELETE

NAME PROULX
STREET ADDRESS 3811 SE 25TH STREET
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE S ☐ DELETE

NAME COBB, HARRY P.
STREET ADDRESS 17400 N.W. 2ND LANE
CITY-ST-ZIP OKEECHOBEE FL

TITLE D ☐ DELETE

NAME MURRY, JACK
STREET ADDRESS 2325 SE 31ST WAY
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE D ☐ DELETE

NAME GASERSON, GA
STREET ADDRESS 8740 NE 12TH LANE
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE D ☐ DELETE

NAME JONES, JERRY
STREET ADDRESS 4277 SE 23RD COURT
CITY-ST-ZIP OKEECHOBEE FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ER
1.3 STREET ADDRESS BORGOS, ED
1.4 CITY-ST-ZIP 2939 SE 38th Avenue
Okeechobee, Fl 34974 ☐ Change ☐ Addition

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 William Russel
4.3 STREET ADDRESS 416 NE 31st Terr
4.4 CITY-ST-ZIP Okeechobee, Fl 34974 ☐ Change ☐ Addition

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

APR 18 1999

941-763-6580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-11/98