

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **749510** (4)

1. Corporation Name

DAYTONA BEACH LODGE, NO. 1141, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF A



Principal Place of Business

Mailing Address

700 S. RIDGEWOOD AVENUE
DAYTONA BEACH FL 32114-5332
US

700 S. RIDGEWOOD AVENUE
DAYTONA BEACH FL 32114-5332
US

3. Date Incorporated or Qualified
10/25/1979

3a. Date of Last Report
01/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-0161115

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OSTERMAN, WILLIAM M
5439 DURANT DR
PT ORANGE FL 32127-2308**

81 Name

CLARENCE ROGERS

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

101 GULL DR.

83

DAYTONA BCH FL 32119-1317

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

Clarence Rogers

CLARENCE ROGERS

4/10/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CS** ☒ DELETE
NAME **OSTERMAN, WILLIAM M**
STREET ADDRESS **5439 DURANT DR**
CITY-ST-ZIP **PT ORANGE FL**

1.1 TITLE **CS** ☐ Change ☒ Addition
1.2 NAME **CLARENCE ROGERS**
1.3 STREET ADDRESS **101 GULL DR.**
1.4 CITY-ST-ZIP **DAYTONA BCH FL 32119-1317**

TITLE **P** ☐ DELETE
NAME **RIEMER, JOSEPH G**
STREET ADDRESS **3043 S. ATLANTIC AVE., #802**
CITY-ST-ZIP **DAYTONA BEACH FL 32118-6150**

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

TITLE **T** ☒ DELETE
NAME **LANE, LESLIE W**
STREET ADDRESS **23 TOMOKA MEADOWS BLVD**
CITY-ST-ZIP **ORMOND BCH FL**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **KENT D. MOLEN**
3.3 STREET ADDRESS **296 POINCIANA AVE RT 10**
3.4 CITY-ST-ZIP **DAYTONA BCH FL 32127-6318**

TITLE **D** ☒ DELETE
NAME **WENTWORTH, RAYMOND A PER**
STREET ADDRESS **2200 S. PALMETTO AVE., #E5**
CITY-ST-ZIP **DAYTONA FL 32119-3045**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **PETER MONTALBANO**
4.3 STREET ADDRESS **702 HILLS BLVD.**
4.4 CITY-ST-ZIP **PORT ORANGE FL 32127-5833**

TITLE **D** ☐ DELETE
NAME **KUNZ, RONALD R.**
STREET ADDRESS **BOX 9792 N/A**
CITY-ST-ZIP **DAYTONA BEACH FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-96 (904) 253-0084

Date Daytime Phone #

CR2E037 (12/95)