

4-16-97 B 4791C
FILE NOW: FILING FEE IS \$61.25

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Apr 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 **04/15/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-0161115	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROGERS, CLARENCE
101 GULL DRIVE
DAYTONA BEACH FL 32119**

81. Name **WILLIS D. ARMSTRONG**
82. Street Address (P.O. Box Number is Not Acceptable)
888 LINDER WOOD CIR
83.
84. City **ORMOND BCH** FL 85. Zip Code **32174-4623**

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 *Willis D. Armstrong* DATE **APRIL 11, 1997**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGERS, CLARENCE	1.2 NAME	WILLIS D. ARMSTRONG
STREET ADDRESS	101 GULL DRIVE	1.3 STREET ADDRESS	888 LINDERWOOD CIR
CITY-ST-ZIP	DAYTONA BEACH FL	1.4 CITY-ST-ZIP	ORMOND BCH FL 32174-4623
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIEMER, JOSEPH G	2.2 NAME	
STREET ADDRESS	3043 S. ATLANTIC AVE., #802	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32118-6150	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOLEN, KENT D.	3.2 NAME	LYMAN J. LAUGHTON
STREET ADDRESS	296 POINCIANA AVENUE RT 10	3.3 STREET ADDRESS	340 APACHE TR
CITY-ST-ZIP	DAYTONA BEACH FL	3.4 CITY-ST-ZIP	ORMOND BCH FL 32174-5802
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTALBANO, PETER	4.2 NAME	JOHN A. SINGLETON
STREET ADDRESS	702 HILLS BLVD	4.3 STREET ADDRESS	5413 WOOD ST
CITY-ST-ZIP	PORT ORANGE FL	4.4 CITY-ST-ZIP	PORT ORANGE FL 32127-5340
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNZ, RONALD R.	5.2 NAME	
STREET ADDRESS	BOX 9792 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32120-9792	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Willis D. Armstrong* DATE **APRIL 11, 1997** (904)255-0084

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone (904)255-0084

CR2E037 (9/96)