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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 749510

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

10/25/1979

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

9. Name and Address of Current Registered Agent

ARMSTRONG, WILLIS D  
888 LINDER WOOD CIRCLE  
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name

LETITIA E. NEWMAN

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

49 ELDA LANE

83

84 City

PORT ORANGE

FL

85 Zip Code

32127

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 *Letitia E. Newman*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-99

12. OFFICERS AND DIRECTORS

TITLE CS  
NAME ARMSTRONG, WILLIS D  
STREET ADDRESS 888 LINDERWOOD CIR  
CITY-ST-ZIP ORMOND BEACH FL

☒ DELETE

TITLE T  
NAME LAUGHTON, LYMAN J  
STREET ADDRESS 340 APACHE TR  
CITY-ST-ZIP ORMOND BEACH FL

☒ DELETE

TITLE D  
NAME SINGLETON, JOHN A  
STREET ADDRESS 5413 WOOD STREET  
CITY-ST-ZIP PORT ORANGE FL

☐ DELETE

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

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CS  
1.2 NAME LETITIA E. NEWMAN  
1.3 STREET ADDRESS 49 ELDA LANE  
1.4 CITY-ST-ZIP PORT ORANGE FL 32127

☐ Change

☒ Addition

2.1 TITLE TR  
2.2 NAME ROBERTA BURRILL  
2.3 STREET ADDRESS 12 LAWRENCE CT  
2.4 CITY-ST-ZIP PORT ORANGE FL 32127

☐ Change

☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-99

(904) 255-0044

CR2E037 (1/98)