

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 753760 (8)

1. Corporation Name

LEHIGH ACRES ELKS #2602 INC.

Principal Place of Business

1050 JOEL BLVD
LEHIGH ACRES FL 33936

Mailing Address

1050 JOEL BLVD
LEHIGH ACRES FL 33972-32663. Date Incorporated or Qualified
08/13/19803a. Date of Last Report
03/15/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-2306476

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FREATHY, RALPH E.
318 HOLLYWOOD STREET
LEHIGH ACRES FL 33936

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HELLE, E REYNOLD	
STREET ADDRESS	1607 COUNTRY CLUB PKWY	
CITY-ST-ZIP	LEHIGH ACRES FL	

TITLE	S	<input type="checkbox"/> DELETE
NAME	FREATHY, RALPH E.	
STREET ADDRESS	318 HOLLYWOOD STREET	
CITY-ST-ZIP	LEHIGH ACRES FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	STEELE, HENRY D	
STREET ADDRESS	710 WILLOW DR	
CITY-ST-ZIP	LEHIGH AC	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SOMMERS, JAMES E	
STREET ADDRESS	114 COLUMBUS AVE	
CITY-ST-ZIP	LEHIGH ACRES FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	STALEY, GEORGE	
STREET ADDRESS	2320 BISHOP DR	
CITY-ST-ZIP	ALVA FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TREMBLAY, ARMAND M	
1.3 STREET ADDRESS	1004 HIGHLAND AVENUE	
1.4 CITY-ST-ZIP	LEHIGH ACRES FL 33972	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Streibig, Ralph H	
4.3 STREET ADDRESS	435 LABREE AVE	
4.4 CITY-ST-ZIP	LEHIGH ACRES FL	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 addition in Block 13 if added.

SIGNATURE:

HENRY D. STEELE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0068115

4/25/97 941 369 2600

CFR2E037 (9/96)