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

APPROVED AND FILED
1996 MAY -1 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **763306** **(8)**

1. Corporation Name

CRESTVIEW, FLORIDA LODGE #2624, BENEVOLENT AND P ROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF

Principal Place of Business	Mailing Address
127 PINE AVE W PO BOX 153 CRESTVIEW FL 32536	127 PINE AVE W PO BOX 153 CRESTVIEW FL 32536

3. Date Incorporated or Qualified: 05/17/1982
3a. Date of Last Report: 04/26/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2070926 — 05/15/96--01153-002 — *****70.00 — *****10.00 — Amount Enclosed / Amount 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

9. Name and Address of Current Registered Agent

JENKINS, JERRY
6169 GARDEN CITY ROAD
CRESTVIEW FL 32536

10. Name and Address of New Registered Agent

81 Name: JOHNSON, GARY
82 Street Address (P.O. Box Number is Not Acceptable): 3180 PALMETTA AVE
83
84 City: CRESTVIEW, FL. — FL — 85 Zip Code: 32539

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: Gary Johnson — DATE: 5-2-96
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	EXALTED RULER	☐ Change ☐ Addition
NAME	JENKINS, JERRY		1.2 NAME	JOHNSON, GARY	
STREET ADDRESS	6169 GARDEN CITY ROAD		1.3 STREET ADDRESS	3180 PALMETTA AVE	
CITY-ST-ZIP	CRESTVIEW FL		1.4 CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	TR	☐ DELETE	2.1 TITLE	TR	☐ Change ☐ Addition
NAME	MCCAROLE, JOHN		2.2 NAME	JENKINS, JERRY	
STREET ADDRESS	333 BRACKIN AVE		2.3 STREET ADDRESS	6169 GARDEN City Rd.	
CITY-ST-ZIP	CRESTVIEW, FL 00000		2.4 CITY-ST-ZIP	CRESTVIEW, FL.	
TITLE	TR	☐ DELETE	3.1 TITLE	TR	☐ Change ☐ Addition
NAME	THAMES, RANDY		3.2 NAME	THAMES, RANDY	
STREET ADDRESS	3153 AIRPORT ROAD		3.3 STREET ADDRESS	3153 AIRPORT Rd.	
CITY-ST-ZIP	CRESTVIEW, FL 00000		3.4 CITY-ST-ZIP	CRESTVIEW, FL.	
TITLE	TR	☐ DELETE	4.1 TITLE	TR	☐ Change ☐ Addition
NAME	MCKINNEY, RAY		4.2 NAME	KEENAN, DAN	
STREET ADDRESS	129 PHILLIPS STREET		4.3 STREET ADDRESS	43 ABBEY RD.	
CITY-ST-ZIP	CRESTVIEW FL		4.4 CITY-ST-ZIP	CRESTVIEW, FL. 32539	
TITLE	TR	☐ DELETE	5.1 TITLE	TR	☐ Change ☐ Addition
NAME	BEAUSOLEIL, ROGER		5.2 NAME	WIELAND, RUSS	
STREET ADDRESS	215 RIDGELAKE RD.		5.3 STREET ADDRESS	2814 SECOND AVE NE	
CITY-ST-ZIP	CRETVIEW FL		5.4 CITY-ST-ZIP	CRESTVIEW, FL. 32539	
TITLE	TR	☐ DELETE	6.1 TITLE	TR	☐ Change ☐ Addition
NAME	HOOMES, HARLACE		6.2 NAME	TYNER, PAUL	
STREET ADDRESS	514 FOREST ST		6.3 STREET ADDRESS	PO BOX 1942	
CITY-ST-ZIP	CRESTVIEW, FL 00000		6.4 CITY-ST-ZIP	CRESTVIEW, FL. 32536	

CR2E037 (12/95)

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)(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: Gary Johnson GARY JOHNSON — 4-15-96 — 904-682-2110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #