SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT **CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 763306

(8)

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

ROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF				
Principal Place of Business		Mailing Address		
127 PINE AVE W PO BOX 153		127 PINE AVE W PO BOX 153		3. Date incorporated or Qualified 05/17/1982
CRESTVIEW FL 32536		CRESTVIEW FL 32536		4. FEI Number Applied For
)				59-2070926 Not Applicable
2. Principal F	Place of Business	2a. Mailing Address		5 Cartificate of Status Depired S8.75 Additional
21		26		5. Certificate of Status Desired Fee Required
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
22		27		Trust Fund Contribution Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?
23		28		Yes I V No
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year intangible
24	25	[29]	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren	it Registered Agent	Od Nome	10. Name and Address of New Registered Agent
81 Name CHARLES G. THOMAS				
JOHNSON, GARY 82 Street Address (P.O. Box Number is Not Acceptable)				
3180 PALMETTA AVE			105 THURSTON PLACE	
CRESTVIE	W FL 32539		83	
	.1		84 City /2	85 Zip Code
				RESTVIEW. FL 85 Zip Code 32536
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				e reculred when reinstating) DATE
12.	Signature, typed or printed name of registered agen			
TITLE	ER OFFICERS AN	ID DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TRUSTEE Addition
NAME	JOHNSON, GARY	(A) DETELE	1.2 NAME	
STREET ADDRESS	3180 PALMETTA AVE			JOHNSON, BARY 3180 PALMETTA AVE
	CRESTVIEW FL 32539		1.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	TR -	□ an eze	1.4 CITY-ST-ZIP 2.1 TITLE	CRESTVIEW, FL 32539
NAME	JENKINS, JERRY	L DELETE	2.2 NAME	Change Addition
STREET ADDRESS	6169 GARDEN CITY RD.		2.3 STREET ADDRESS	
	CRÉSTVIEW FL		1	
CITY-ST-ZIP	TR	□ ac.eze	2.4 CITY-ST-ZIP 3.1 TITLE	
NAME	THAMES, RANDY	DELETE	3.2 NAME	Change Addition
STREET ADDRESS	3153 AIRPORT ROAD		3.3 STREET ADDRESS	
	CRESTVIEW FL			
CITY-ST-ZIP TITLE	TR		3.4 CITY-ST-ZIP	Crast Theu
NAME	MARTENS, CHARLIE	DELETE	4.2 NAME	SECRETARY CLARK CHANGE Addition
	A46P 19101 A66			5984 CLARK-MOORE LN.
STREET ADDRESS	LAUREL HILL FL		4.3 STREET ADDRESS	
CITY-\$T-ZIP	TR	T as see	4.4 CITY-ST-ZIP 6.1 TITLE	CRESTVIEW, FL 32531
NAME	TYNER, PAUL	DELETE	5.2 NAME	Change Addition
	P.O, BOX 1982 N/A			
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	CRESTVIEW FL 32536	<u> </u>	6.4 CITY-ST-ZIP 6.1 TITLE	F 7
		DELETE		Change Addition
NAME	5		6.2 NAME	
STREET ADDRESS	÷		6.3 STREET ADDRESS	
WIT-SI-/IF			at NACCCY-SI-712	

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.

SIGNATURE:

FILED

Jul 22 1998 8:00am

Secretary of State