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

FILED
Jul 22 1998 8:00am
Secretary of State

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

4. FEI Number: 59-2070926 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

JOHNSON, GARY
3180 PALMETTA AVE
CRESTVIEW FL 32539

10. Name and Address of New Registered Agent

81 Name: CHARLES G. THOMAS
82 Street Address (P.O. Box Number is Not Acceptable): 105 THURSTON PLACE
83
84 City: CRESTVIEW. 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: Wilburn N. Clark DATE: 7-13-98
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	ER	☑ DELETE	1.1 TITLE	TRUSTEE	☐ Change ☑ Addition
NAME	JOHNSON, GARY		1.2 NAME	JOHNSON, GARY	
STREET ADDRESS	3180 PALMETTA AVE		1.3 STREET ADDRESS	3180 PALMETTA AVE	
CITY-ST-ZIP	CRESTVIEW FL 32539		1.4 CITY-ST-ZIP	CRESTVIEW, FL 32539	
TITLE	TR	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JENKINS, JERRY		2.2 NAME		
STREET ADDRESS	6169 GARDEN CITY RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW FL		2.4 CITY-ST-ZIP		
TITLE	TR	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	THAMES, RANDY		3.2 NAME		
STREET ADDRESS	3153 AIRPORT ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW FL		3.4 CITY-ST-ZIP		
TITLE	TR	☑ DELETE	4.1 TITLE	SECRETARY	☐ Change ☑ Addition
NAME	MARTENS, CHARLIE		4.2 NAME	WILBURN N. CLARK	
STREET ADDRESS	3195 HWY 602		4.3 STREET ADDRESS	5984 CLARK-MOORE LN.	
CITY-ST-ZIP	LAUREL HILL FL		4.4 CITY-ST-ZIP	CRESTVIEW, FL 32531	
TITLE	TR	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TYNER, PAUL		5.2 NAME		
STREET ADDRESS	P.O. BOX 1982 N/A		5.3 STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW FL 32536		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/98)

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: Wilburn N. Clark 7-13-98 850 537-2233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #