NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763306

1. Corporation Name

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

Principal Place of Busine
127 PINE AVE W
PO BOX 153
CRESTVIEW FL 32536

Mailing Address 127 PINE AVE W

PO BOX 153 CRESTVIEW FL 32536

FILED Feb 16, 1999 8:00am Secretary of State

02-16-1999 90043 037 ****61.25



	Place of Business 2a. Mailing Address 26				05/17/1982				
Suite, Apt. i	# etc	Suite, Apt. #, etc.			4. FEI Number		Apr	olied For	
22	27				59-2070926		Not	Applicable	
City & State				5. Certifcate of Status Desired			\$8.75 A	. 1	
23	28			Country 6. Flection Campaign Fina			Fee Re		
Zip	— — — — — — — — — — — — — — — — — — —				6. Election Campaign Financing		\$5.00 i		
24 25 29 30				Trust Fund Contribution Added to Fees 10. Name and Address of New Registered Agent					
Name and Address of Current Registered Agent				Name					
				Hairie					
THOMAS, CHARLES G				Street Addr	ress (P.O. Box Number is Not Accepta	able)			
105 THURSTON PLACE									
CRESTVIEW FL 32536									
				City		FL	85 Zip C	ode	
	0.7.0500	LOAZAFOO FILILI OLAA	<u> </u>		acretion submits this statement for the		hanging its	registered	
office or re	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	Florida. Such change was auth	nonzed by	ine corporation	on's board of directors. I hereby accep	ot the appoin	tment as reg	istered	
agent. I ar	m familiar with, and accept the obligation	ns of, Section 617.0503, Florid	a Statutes.		, , , ,	,	* . * ., '		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if anoticable (NOTE: Re	ecistered Agen	signature require	d when reinstating)	DATE		· · · · · · · · · · · · · · · · · · ·	
12.					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	ERT	☐ DELETE	1.1 TITLE				☐ Change	Addition	
NAME	JOHNSON, GARY		1.2 NAME						
STREET ADDRESS	3180 PALMETTA AVE		1.3 STREET	ADDRESS	•				
CITY-ST-ZIP	CRESTVIEW FL 32539		1.4 CITY-ST	-ZIP					
TITLE	TR	☐ DELETE 2					☐ 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-S	T-ZIP					
TITLE	TR	☐ DELETE 3.1					Change	☐ Addition	
NAME	THAMES, RANDY		3.2 NAME	1					
STREET ADDRESS	3153 AIRPORT ROAD		3.3 STREET	ADDRESS					
CITY-ST-ZIP	CRESTVIEW FL		3.4. CITY-S	T-ZIP					
TITLE	\$	☐ DELETE	4.1 TITLE				Change	Addition	
NAME	CLARK, WILBURN N		4. 2 NAME					29.0	
STREET ADDRESS	5984 CLARK MOORE LN		4.3 STREET	ADDRESS			. ` ` `		
CITY-ST-ZIP	CRESTVIEW FL 32531		4.4 CITY-S	- ZIP		<u> </u>		1 4 4	
TITLE	TR	☐ DELETE	5.1 TITLE				Change	Addition	
NAME	TYNER, PAUL		5.2 NAME		•			ţ	
STREET ADDRESS	P.O. BOX 1982 N/A		5.3 STREET						
CITY-ST-ZIP	CRESTVIEW FL 32536		5.4 CITY-S	-ZIP	· .		[] (L	T A Julie	
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition	
NAME			6.2 NAME						
STREET ADDRESS	}		6.3 STREET	1					
CITY-ST-ZIP	•		6.4 CITY-S	-ZIP					

14. I hereby certify that the information supplied with this filling 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

W.N. Clark 8

Daytime Phone #

~2E037 (11/98)