

763306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

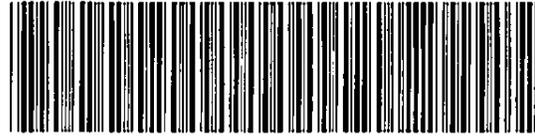
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500459992945

LAW OFFICER
DALE E. RICE

P. O. BOX 687
CRESTVIEW, FLORIDA 32636
TELEPHONE 682-878
AREA CODE (904)

DALE E. RICE

May 12, 1982

Divisions of Corporations
Department of State
P. O. Box 827
Tallahassee, Florida 32301

At: Crestview, Florida, Lodge #2624, Benevolent and Protective
Order of Elks of the United States of America, Inc.

Dear Sir:

763306

MV
6/21

I am enclosing the original and copy of articles of incorporation for the Crestview Lodge, an appointment and acceptance with respect to the resident agent for service of process and my check for \$37.00 to cover the \$30.00 filing fee and the \$5.00 charge for getting a certified copy of the articles and \$3.00 for filing the resident agent form.

Very truly yours,

Dale E. Rice
DALE E. RICE

005 8919 5/14/82

005 8919 5/14/82

005 8919 5/14/82

005 8919 5/14/82

DER:cm
Enclosures

Name	DA
App. Date	5/14/82
By	SD
By Date	885-19
By	KC
By Date	885-19
By	DK
By Date	5/21

FILED
MAY 17 8 12 AM '82
TALLAHASSEE, FLORIDA

763306 7-1032

ARTICLES OF INCORPORATION
OF
CRESTVIEW, FLORIDA LODGE # 2624, BENEVOLENT
AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA, INC.
A non-profit corporation

FILED
MAY 17 8 12 AM '82
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We, the undersigned, for the purpose of forming a corporation pursuant to Chapter 617 of the Florida Statutes, hereby certify:

FIRST: The name of this corporation is Crestview, Florida Lodge #2624, Benevolent and Protective Order of Elks of the United States of America, Inc.

SECOND: The corporation's purpose is to have and exercise all rights and powers from time to time granted by law to a non-profit corporation in the State of Florida.

THIRD: The corporation does not contemplate distribution of gains, profits or dividends to its members. In the event of a liquidation, dissolution or winding up of the corporation, or upon abandonment of its property, none of its property will inure to the benefit of any private person, but shall be transferred and distributed by the Board of Directors to one or more regularly constituted and existing non-profit Lodges, charities, organizations, funds, corporations or trusts forming a part of or controlled by the Benevolent and Protective Order of Elks of the United States of America, or as expressly provided by Grand Lodge Statutes.

FOURTH: The qualification of members and the manner of their admission shall be as follows:

Each member shall be a male citizen of the United States of America not under the age of 21 years, of sound mind and body, good character, and a believer in God. He must not be directly or indirectly a member or in anyway connected with or affiliated with the Communist Party nor believe in nor advocate the overthrow of the United States Government by force. Each member

must be proposed in writing by a member of the Lodge at a regular business meeting. The application shall then be referred to the standing Investigating Committee for inquiry. Said committee shall report at the next business meeting or as soon thereafter as practicable its findings. The Secretary shall then mail notice in writing to all members of the corporation giving the name and address of said applicant, his business and the name of his proposer and the time when action shall be taken upon such application. That at such notice business meeting a vote shall be taken, If less than three members shall vote against said proposed applicant he shall be declared elected as a member. The qualification of members and the manner of their admission shall be consistent with Article 7 of the Constitution of the Benevolent and Protective Order of Elks of the United States of America and Sections 144, 148, 149, 152, and 158 of the Statutes Annotated as they presently exist or may hereinafter be amended.

FIFTH: This corporation shall have perpetual existence.

SIXTH: Names and residences of the three subscribers of this corporation are as follows:

NAMES

RESIDENCE

1. OSCAR C AdKison

348 Chestnut Ave East
CRASVIEW, FLA

2. Ray M McKenney

129 Phillips St.
CRASVIEW, FLA.

3. N. L. Swamy

Rt 1 Box 243 J
Mc. Olive Rd
CRASVIEW, FLA

SEVENTH: The officers of the corporation who shall serve for a period of one year and until their successor is duly elected and begins serving

shall be as follows: The Exalted Ruler of the Lodge, The Esteemed Leading Knight, The Esteemed Loyal Knight, The Esteemed Lecturing Knight, Secretary, Treasurer, The Esquire, Tiler, Chaplain, and Inner Guard.

EIGHTH: The following shall serve as officers until their successors are duly elected and begin serving, to-wit:

<u>POSITION</u>	<u>NAME</u>	<u>ADDRESS</u>
The Exalted Ruler of the Lodge	Russell C. Wickard	ST. 2 CAUSTON FL 32536
The Esteemed Leading Knight	Roy Humberston	167 E. BRUCK ST CAUSTON FL 32536
The Esteemed Loyal Knight	John C. Courtney	1271 N. MAIN ST CAUSTON FL 32536
The Esteemed Lecturing Knight	Billy Fryman	1507 S. PEARL ST. CAUSTON FL 32536
Secretary	N.L. Lee Swaney	RT 1 Box 243 J CAUSTON FL 32536
Treasurer	Roy McKeamy	129 Phillip ST, CAUSTON FL 32536
The Esquire	George C. Brock	RT 3 Box 434 CAUSTON FL 32536
Tiler	Robert W. Davidson	RT 4 Box 112 CAUSTON FL 32536
Chaplain	Henry Frederick	1001 E. CHRIST ST CAUSTON FL 32536
Inner Guard	Oscar Adkison	808 E. CHRIST ST CAUSTON FL 32536

NINTH: First Board of Trustees, which shall consist of three members and shall never be less than that number, of who shall serve until the first election thereof along with their addresses shall be as follows:

	<u>NAME</u>	<u>ADDRESS</u>
1.	Wm. E. Johnson	5 Pender Dr. CAUSTON FL 32536
2.	Harold Landonati	RT 3 Box 183, CAUSTON FL 32536
3.	Orlo Stornell	RT 2 (CAUSTON FL 32536) (PO Box 357)
4.	Charles F. Borie	P.O. Box 562, CAUSTON FL 32536
5.	Oscar Stucky	P.O. Box 277, CAUSTON FL 32536

TENTH: The By-laws of this corporation are to be made, altered or rescinded only by a quorum of at least nine (9) members, two (2) of whom must be elected officers with the approval of the Chairman of the Grand Lodge Committee on Judiciary.

ELEVENTH: These articles of incorporation may be amended by proposal of any member of the corporation if approved by a majority vote of a quorum of nine (9) members, two (2) of whom must be elected officers as well as approved by the Chairman of the Grand Lodge Committee on Judiciary.

IN WITNESS WHEREOF, the undersigned have executed these articles of this corporation this 22nd day of April, 1982.

Ray M. McKinney
Dean C. [unclear]
W. L. Swamy

COUNTY OF OKALOOSA
STATE OF FLORIDA

On the 22 day of April, 1982, before me, the undersigned, a notary public in and for the County of Okaloosa, State of Florida, appeared Ray M. McKinney known to be the person whose name is subscribed to the foregoing document and he acknowledged to me that he executed the same for the uses and purposes therein expressed.

WITNESS my official hand and seal on the date first above written.

Dean Mattingly
NOTARY PUBLIC

My Commission Expires: 4-16-95

COUNTY OF OKALOOSA

STATE OF FLORIDA

On the 22nd day of April, 1982, before me, the undersigned,
a notary public in and for the County of Okaloosa, State of Florida, appeared
OSCAR C. ADKISON, known to be the person whose name is subscribed to
the foregoing document and he acknowledged to me that he executed the same
for the uses and purposes therein expressed.

WITNESS my official hand and seal on the date first above written.


NOTARY PUBLIC

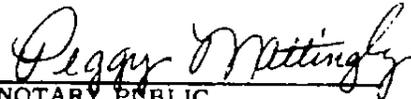
My Commission Expires: 4-16-85

COUNTY OF OKALOOSA

STATE OF FLORIDA

On the 22nd day of April, 1982, before me, the undersigned,
a notary public in and for the County of Okaloosa, State of Florida, appeared
N. L. SWANEY, known to be the person whose name is subscribed to
the foregoing document and he acknowledged to me that he executed the same
for the uses and purposes therein expressed.

WITNESS my official hand and seal on the date first above written.


NOTARY PUBLIC

My Commission Expires: 4-16-85

APPOINTMENT OF RESIDENT AGENT AND ACCEPTANCE THEREOF

The undersigned as the duly authorized agent for the Crestview, Florida, Lodge #2624, Benevolent and Protective Order of Elks of the United States of America, Inc., a non-profit corporation, does hereby appoint N. L. Swaney, 127 Pine Avenue, West, Crestview, Florida, resident agent for service of process of said corporation and he does hereby consent to said appointment.

DATED this 22nd day of April, 1982.

Crestview, Florida, Odge #2624,
Benevolent and Protective Order
of Elks of the United States of
America, Inc.

BY: C. Wesley Carkins
Authorized Agent

N. L. Swaney
N. L. SWANEY

FILED
MAY 17 8 21 AM '82
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED AND FILED

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

11 25 AM 1983
CORPORATION
STATE OF FLORIDA
1983



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

George Firestone
Secretary of State

APPROVED
AND
FILED

FEB 23 11 25 AM 1983

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$10 Required - Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office		2 Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient	
763306 CRESTVIEW, FLORIDA LODGE #2624, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE U.S. 127 PINE AVENUE WEST CRESTVIEW, FL		Street Address 127 Pine Avenue, West	P.O. Box No. P O Box 153
If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.		City Crestview	State Florida
		Zip Code 32536	

3 Date Incorporated or Qualified in State of Florida 05/17/1982	4 FICMST Employer Identification Number (EIN) 59-2070926	5 Date of Last Report
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6 Name and Street Address of Each Officer and Director			
Name of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
SWANEY, N. L.	S	RT. 1, BOX 243 J	CRESTVIEW, FL
MCKINNEY, RAY (TREASURER)	T	127 PHILLIPS STREET	CRESTVIEW, FL
JOHNSON, WILLIAM E. (TRUSTEE)	T	5 PANDORA DRIVE	CRESTVIEW, FL
LANDOWSKI, KENNETH (TRUSTEE)	T	RT. 3, BOX 163	CRESTVIEW, FL
MORRELL, OMLA (TRUSTEE)	T	RT. 2 POB 357	CRESTVIEW, FL
BORIE, CHARLES E. (TRUSTEE)	T	P.O. BOX 562	CRESTVIEW, FL

7 Transfer and Address of Current Registered Agent		8 Name and Address of New Registered Agent	
SWANEY, N. L. 127 PINE AVENUE WEST CRESTVIEW, FL		Name	
		Street Address (Do NOT Use P.O. Box Number)	
		City, State and Zip Code	32536

I, the undersigned, being the duly authorized officer or officers of the undersigned corporation, organized under the laws of the State of Florida, hereby certify that the foregoing is a true and correct statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

This change was authorized by resolution duly adopted by its board of directors on _____ DATE _____

(Registered Agent Accepting Appointment)

\$3.00 additional fee required for Registered Agent changes.

See signature restrictions under instructions on reverse side of this form.

Each of the following is an Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 661 F.S. and the Signatures of Each of the Officers, the Receiver or Trustee Empowered to Execute This Report Shall Have the Same Legal Effect as if Made Under Oath.

Charles W. Corkins
Charles W. Corkins
Treasurer
Date: 1-10-83
Telephone Number: 904-682-4110

CDR 6031180

INCORPORATION
ANNUAL REPORT
1985



STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA 32399

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$20 Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation (Principal Office)

CRESTVIEW, FLORIDA LOGGE 8224, BENEVOLENT
127 PINE AVE.
PO BOX 333
CRESTVIEW, FL 32536

2. Known Design of Address of Corporate Office
Street Address
P.O. Box No.
City
State Zip Code

3. Date Incorporated or Qualified
In the Business in Florida 03/17/1982

4. Federal Employer Identification Number 59-6070926

5. Date of Last Report 05/03/1984

6. Names and Street Address of Each Officer and Director, as of December 31, 1984

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
1. SWANEY, N. L.	S	RT. 1, BOX 243 J	CRESTVIEW, FL
2. <i>Byrd Astor</i>	T	<i>RS Box 216</i>	CRESTVIEW, FL 32536
<i>McIntyre, Bob</i>	T	<i>127 PHILLIPS ST</i>	CRESTVIEW, FL 32536
3. <i>Lobato, Danny</i>	T	<i>310 Adams Dr.</i>	CRESTVIEW, FL 32536
<i>McLain, Russell E</i>	T	<i>RT 2 BOX 27</i>	CRESTVIEW, FL 32536
4. LANDOWSKI, KENNETH (TRUSTEE)	T	RT. 3, BOX 163	CRESTVIEW, FL
5. MORRELL, OKLA (TRUSTEE)	T	RT. 2 P.O. 359	CRESTVIEW, FL
6. EDWARDS, EYRETT E	T	110 OVERVIEW DR	CRESTVIEW, FL 32536

Registered Agent Information

7. Name and Address of Current Registered Agent

SWANEY, N. L.
127 PINE AVENUE WEST
CRESTVIEW, FL

8. Name and Address of New Registered Agent

Name
Street Address (Do NOT Use P.O. Box Number)
City, State and Zip Code

I, Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered officer or registered agent, or both in the state of Florida. Such change was authorized by resolution duly adopted by its board of directors on _____.

I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of Section 607.025 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

\$3.00 additional fee required for Registered Agent changes.

10. See signature instructions on reverse side of this form.
I Certify That I Am An Officer of the Corporation or Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath.
(Certifying must be listed in Block 6)

Signature *Nolan L. Swaney* Date April 30, 1985

Typed Name of Signing Officer Nolan L. Swaney Title Secretary Telephone Number (904)-682-6093

11. I am enclosing a certificate of status for this corporation. CERTIFICATE BY STATE REQUIRED

\$5 additional fee required for a Certificate of Status

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT
1986



FLORIDA DEPARTMENT OF STATE
George F. Jordan
Secretary of State
DIVISION OF CORPORATIONS

1986 APR - 1 11 11 30

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$20 Required - Make Checks Payable To: Secretary of State

Name and Address of Corporation Principal Officer:
753306 8
CRESTVIEW, FLORIDA LODGE #2624, BENEVOLENT AND P
127 PINE AVE W
PO BOX 153
CRESTVIEW, FL 32536

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2 Enter Change of Address of Corporation Principal Officer. P.O. Box Number Alone is NOT Sufficient
Street Address 21
P.O. Box No 22
City and State 23
Zip Code 24

Date of Incorporation or Qualified De Business in Florida: 05/17/1982
Federal Employer Identification Number (FEIN): 59-2070986
Date of Last Report: 05/08/1985

Name and Street Address of Each Officer and Director, as of December 31, 1985

1 Name of Officer and Director	2 Title	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
SUNNEY, N. L.	S	RT. 1, BOX 243 J	CRESTVIEW, FL
BYRD, AARON	T	RT. 5, BOX 212	CRESTVIEW, FL 00000
LAGADO, DANNY	T	310 ADAMS DRIVE	CRESTVIEW, FL 00000
LA DOWSKI, KENNETH, TRUSTEE	C	RT. 3, BOX 163	CRESTVIEW, FL
MORPELL, OMA (TRUSTEE)	T	RT. 2 POB 359	CRESTVIEW, FL
<i>Beausseil, Roger</i>	T	PO 176	Milligan FL
Edwards, William	T	110 OVERSEER	CRESTVIEW, FL 00000
<i>Freusch, William</i>	T	200 S. Hosp. Dr	CRESTVIEW FL

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent: SUNNEY, N. L., 127 PINE AVENUE WEST, CRESTVIEW, FL

8 Name and Address of New Registered Agent:
Name 81
Street Address (Do NOT Use P.O. Box Number) 82
City and State 83: FL, Zip Code 84

I certify that I am an Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. and My Signature on This Report Shall Have the Same Legal Effects As if Made Under Oath.
I am familiar with the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

DATE: _____
(Registered Agent Accepting Appointment)

\$3.00 additional fee required for Registered Agent changes.

See signature restrictions under instructions on reverse side of this form.
I Certify that I am an Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. and My Signature on This Report Shall Have the Same Legal Effects As if Made Under Oath.
Officer's name must be listed in Block 6f.

Alan L. Swaney
ALAN L. SWANEY
Secretary
Date: 5/19/86
(904) 682-2110

\$5 Additional Fee
Required for
Each Change of Agent

CORPORATION WILL BE DISSOLVED IF THIS REPORT IS NOT FILED BY NOV. 16, 1987.

CORPORATION
ANNUAL REPORT
1987



FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

OCT 14 1987
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Read notes and instructions on Other Side Before Making Entries
Filing Fee of \$25 Required - Make Checks Payable To: Secretary of State

Name and Address of Corporation Principal Office

763306
CRESTVIEW, FLORIDA LODGE #2624, BENEVOLENT AND
127 PINE AVE W
PO BOX 153
CRESTVIEW, FL 32536

2 Enter Change of Address of Corporation Principal Office, P. O. Box Number Alone is NOT Sufficient

Street Address 21

P. O. Box No 22

City and State 23

Zip Code 24

If Above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

1 Date Incorporated or Qualified To Do Business in Florida 05/17/1982

4 Federal Employer Identification Number (FEIN) 99-2070986

3 Date of Last Report 04/01/1986

5 Name and Street Address of Each Officer and Director as of December 31, 1986

1 Names of Officers and Directors	2 Title	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State	5
SURNEY, N. L.	S	RT. 1, BOX 243 J	CRESTVIEW, FL	
BYRD, AARON	T	RT. 5, BOX 212	CRESTVIEW, FL	00000
LORDO, DANON TERRY MOORE	T	340 PONDS DRIVE 602 GORGAS AVE.	CRESTVIEW, FL CRESTVIEW, FL	00000
LANDOLSKI, KENNETH (TRUSTEE)	C	RT. 3, BOX 163	CRESTVIEW, FL	
MORRELL, OKLA (TRUSTEE)	T	RT. 2 POB 359	CRESTVIEW, FL	
BELOD, HENRY JAM Nixon Beusdeil	T	200 G. HOSP. DR. 125 FIRST ST. #32	CRESTVIEW, FL CRESTVIEW, FL	00000

REGISTERED AGENT INFORMATION

Name and Address of Current Registered Agent
SURNEY, N. L.
127 PINE AVENUE WEST
CRESTVIEW, FL

6 Name and Address of New Registered Agent

Name 61
Street Address 1 (Do NOT Use P. O. Box Number) 62
Street Address 2 (Do NOT Use P. O. Box Number) 63
City and State 64 FL Zip Code 65

Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statute, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____

I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

See signature restrictions under instructions on reverse side of this form
I declare that I am an Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further declare that I understand my signature on this Report shall have the same legal effects as if made under oath. (This declaration must be filed in Block 6)

Nolan L. Swaney
Nolan L. Swaney Secretary
Date Oct. 1, 1987
Telephone Number (904) 282-2110

REQUIREMENT RECEIVED

\$5 Additional Fee required for a Certificate of Status

CR2E04 (1/86)

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

CORPORATION
ANNUAL REPORT
1988



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Filing Fee of \$25 Required - Make Checks Payable To Secretary of State

1. Name and Address of Corporation Principal Office

763306
CRESTVIEW, FLORIDA LODGE #2624, BENEVOLENT AND P
127 PINE AVE W
PO BOX 153
CRESTVIEW, FL 32536

2. Error Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

If above address is incorrect in any way, enter it a correct address in Part 2. Include Zip Code

3. Date incorporated or Qualified To Do Business in Florida

05/17/1982

4. Federal Employer Identification Number (FEIN)

59-2070926

5. Date of Last Report

10/14/1987

6. Name and Street Addresses of Each Officer and Director, as of December 31, 1987

1. Names of Officers and Directors	2. Title	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State
SWANEY, N. L.	S	RT. 1, BOX 203 607	CRESTVIEW, FL
BYRD, AARON	T	RT. 5, BOX 212	CRESTVIEW, FL 00000
MOORE, TERRY	T	602 GBORGIA AVE.	CRESTVIEW, FL 00000
LANDOWSKI, KENNETH (TRUSTE	C	RT. 3, BOX 163	CRESTVIEW, FL
MORRELL, OKLA (TRUSTEE)	T	RT. 2 POB 359	CRESTVIEW, FL
BOANER, ROGER BOWEN, WILLIAM	T	126 PINE ST 105 A-tee CT.	CRESTVIEW, FL 00000

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

SWANEY, N. L.
127 PINE AVENUE WEST
CRESTVIEW, FL

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84

Zip Code 85

FL

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors or:

I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of Section 607.025 F.S.

SIGNATURE

(Registered Agent Accepting Appointment)

DATE

10. If a foreign corporation, date first transacted business in Florida

The signature restrictions under instructions on reverse side of this form

I certify that I am an Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further certify that I understand my signature on this Report shall have the same legal effect as if made under oath.

Officer or Director signing must be listed in Block 6.

Signature

Nolan L. Swaney

Typed Name of Signing Officer or Director

Secretary (Nolan L. Swaney)

Secretary

Date

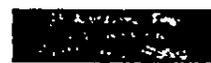
Feb 27 1988

Telephone Number

(904) 692-0093

12. Signatures and addresses of stockholders (if any)

CERTIFICATE OF FILING



FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

APPROVED

CORPORATION
ANNUAL REPORT
1989



FLORIDA DEPARTMENT OF STATE
Jim Smun
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE
FILED
MAY 10 AM 10:03

FLORIDA DEPARTMENT OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

Filing Fee of \$35 Required - Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office ZIP + 4 763306 8 CRESTVIEW, FLORIDA LODGE #2624, BENEVOLENT AND P 127 PINE AVE W PO BOX 153 CRESTVIEW, FL 32536-0153		2 Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient Street Address 21 PO Box No 22 City and State 23 Zip Code 24	
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3 Date Incorporated or Qualified To Do Business in Florida 05/17/1982	4 Federal Employer Identification Number (FEIN) 59-2070926	5 Date of Last Report 03/10/1988
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6 Names and Street Addresses of Each Officer and Director, as of December 31, 1988

1 No.	2 Name of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State	5
1	OWNER, JERRY JERRY JENKINS	RT. 1, BOX 602 RT. 4, Box 374	CRESTVIEW, FL	
2	BYRD, AARON	RT. 5, BOX 212	CRESTVIEW, FL	00000
3	SEARS, FRANK DONALD MAZARAT	608 GEORGIA AVE 311 ADAMS DR.	CRESTVIEW, FL	00000
4	LANDOWSKI, KENNETH (TRUSTE)	RT. 3, BOX 163	CRESTVIEW, FL	
5	MORRILL, ORLA (TRUSTEE) LOUIS BEAHER	RT. 3 BOX 359 RT. 1 Box 44	CRESTVIEW, FL	
6	BOWES, WILLIAM	105 ALTEC CT.	CRESTVIEW, FL	00000

7 REGISTERED AGENT INFORMATION Name and Address of Current Registered Agent SHAWBY, W. L. 127 PINE AVENUE WEST CRESTVIEW, FL		8 Name and Address of New Registered Agent Name 81 JERRY JENKINS Street Address 1 (Do NOT Use P.O. Box Number) 82 RT. 4, Box 374 Street Address 2 (Do NOT Use P.O. Box Number) 83 City and State 84 CRESTVIEW FL Zip Code 85 32536	
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I, Pursuant to the provisions of Sections 607.004 and 607.007, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on: APRIL 6, 1989

I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of Section 607.025 FS.
SIGNATURE: [Signature] DATE: 4/16/89

10. If a foreign corporation, does first transact business in Florida
11. See signature restrictions under instructions on reverse side of this form
12. Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 FS
13. Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath
(Officer or Director signing must be listed in Block 6.)

Signature <u>Jerry Jenkins</u>	Title SECRETARY	Date 4/15/89	Telephone Number (404) 642-2110
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CERTIFICATE STATUS LEGEND

FLORIDA DEPARTMENT OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST

CORPORATION
ANNUAL REPORT
1990



DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA 32304

FILED
1990 APR 25 AM 1:48

Filing Fee of \$35 Required — Make Checks Payable To: Secretary of State

Name and Address of Corporation Principal Office
763306 8
ZIP + 4 PRESORT
CRESTVIEW, FLORIDA LODGE #2624, BENEVOLENT AND P
127 PINE AVE W
PO BOX 153
CRESTVIEW, FL 32536-3519

Address in Block To Be Filled (Do not fill in if address is from PO Box number above) (Do not fill in if address of the corporation can be changed only by filing an amendment)
Street Address 21
PO Box No. 22
City and State 23
Zip Code 24

If above address is incorrect in any way enter the correct address in item 2. Include Zip Code.

1. Date of Incorporation or Qualification in this State (Florida) **05/17/1982** 4. FEI Number **59-2070926** 5. FEI Number (Other State) _____
6. Name and Street Address of Each Officer and Director (Do not use any correction tape or fluid in cover over deleted information)

7. Name	8. Name of Officers and Directors	9. Street Address of Each Officer and Director (Do NOT use Post Office Box Numbers)	10. City and State	11. Zip Code
S	JENKINS, JERRY	RT 4 BOX 374	CRESTVIEW, FL	
D	BYRD, AARON	RT. 5, BOX 212	CRESTVIEW, FL	00000
D	Taylor, Bill Lee, Sr.	1207 Walter Ave.	Crestview, Fl	32536
D	MAZARAT, DONALD	311 ADAMS DR.	CRESTVIEW, FL	00000
D	LANDOWSKI, KENNETH (TRUSTE	RT. 3, BOX 163	CRESTVIEW, FL	
D	BECKER, LOUIS	RT 1 BOX 84	CRESTVIEW, FL	
D	BOWES, WILLIAM	105 AZTEC CT.	CRESTVIEW, FL	00000

REGISTERED AGENT INFORMATION

Name and Address of Current Registered Agent
JENKINS, JERRY
RT 4 BOX 374
CRESTVIEW, FL. 32536

In the provisions of Sections 607.034 and 607.037, Florida Statutes, this above named corporation, incorporated under the laws of the State of Florida, submits this report of changing its registered agent or being in the State of Florida. This report is authorized by resolution duly adopted by its board of directors on _____ and the acceptance of the registered agent, in accordance with and subject to the provisions of Section 607.035, FS.

DATE _____ (Registered Agent Accepting Appointment)

I hereby certify that the information furnished on this annual report of the above named corporation is true and accurate and that my signature shall have the same legal effect as if my name and address of the registered agent or director of the corporation or the receiver or trustee employed to evaluate this report as required by Chapter 607, F.S.

Jerry Jenkins Date **4/20/90**
Secretary (904) 682-7923, 682-2110

\$5 Additional Fee required for a Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION
ANNUAL REPORT
1991



FLORIDA DEPARTMENT OF STATE
Division of Corporations

COMPANY
TALLAHASSEE
FILE NO.

FILING FEE OF \$61.25 REQUIRED

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation: **DOCUMENT #763306 (8)**
ZIP + 4 PRESORT
CRESTVIEW, FLORIDA LODGE #2624, BENEVOLENT AND P
PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF
127 PINE AVE W
PO BOX 153
CRESTVIEW, FL 32538-3519

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21. Street Address

22. P.O. Box No.

23. City and State

24. Zip Code

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

3. Date incorporated or Qualified in the Business in Florida: **05/17/1982**

4. FEI Number: **59-2070928**

5. FEI Number Applied For: **\$8.75 Additional Fee required for a Certificate of Status**

6. FEI Number Not Applicable: **CERTIFICATE OF STATUS RECEIVED**

7. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

1	2	3	4
Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State	
S JENKINS, JERRY	RT 4 BOX 374	CRESTVIEW, FL	32536
D TAYLOR, BELL-LEE, SR.	1207 WALTER AVE.	CRESTVIEW, FL	00000
D JOHN McCAROLE	333 BRACKIN AVE	CRESTVIEW, FL	32536
D MAZARAT, DONALD	311 ADAMS DR.	CRESTVIEW, FL	00000 32536
D LANDOWSKI, KENNETH (TRUSTE	RT. 3, BOX 103	CRESTVIEW, FL	32536
D BECKER, LOUIS	RT 1 BOX 84	CRESTVIEW, FL	
D HARVEY JOHNSON	RT 1 BOX 303	CRESTVIEW, FL	32536
D BOWES, WILLIAM	105 AZTEC CT.	CRESTVIEW, FL	00000
D HARRISON HARRIS	514 FOREST ST.	CRESTVIEW, FL	32536

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent:

JENKINS, JERRY
RT 4 BOX 374
CRESTVIEW, FL. 32538

9. Street Address 1 (Do NOT Use P.O. Box Numbers)

10. Street Address 2 (Do NOT Use P.O. Box Numbers)

11. City, State, and Zip Code: **FL 32536**

In accordance with the provisions of Sections 607.0522 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors.

I, the undersigned, as registered agent, I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

(Registered Agent Accepting Appointment)

I, the undersigned, as Secretary, certify that I am a member or director of the corporation and that my signature and name on this report are in accordance with the provisions of Sections 607.0505 and 607.1508, Florida Statutes.

Jerry Jenkins DATE: **4/28/91**

Jerry Jenkins Secretary 904 682-0931

FILING FEE OF \$61.25 REQUIRED—Make Checks Payable To: Secretary of State \$8.75 Additional Fee required for a Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION
ANNUAL REPORT
1992



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
1992 MAR 25 PM 3:07

FILING FEE \$61.25 Make Payable To: Secretary of State

1. Name and Mailing Address of Corporation: **DOCUMENT #763306 (8)**
**CRESTVIEW, FLORIDA LODGE #2624, BENEVOLENT AND P
ROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF
127 PINE AVE W
PO BOX 153
CRESTVIEW FL 32538-3519**

2. If Address in Block 1 is marked (X) any way, line through it, number it, explain and write the correct address below. If no Box is acceptable. The NAME of the corporation can be printed only by using an abbreviation.
21 Mailing Address: **-03760792--0000--000**
22 P.O. Box: **153**
23 City and State: **CRESTVIEW FL**
3. Date Incorporated or Overlaid To Do Business in Florida: **05/17/1982**

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 2

3a. Date of Incorporation: **04/11/1991** 4. FEI Number: **59-2070926** FEI Number Applied for: **9275** FEI Number Not Applicable: **CERTIFICATE OF STATUS DESIGNATION**

6. Name and Street Address of Each Officer and Director (Do not use any correction on tape or card to cover over incorrect information)

1	2	3	4
Title	Name of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
1	S JENKINS, JERRY	RT 4 BOX 374	CRESTVIEW, FL
2	D MCCAROLE, JOHN	333 BRACKIN AVE	CRESTVIEW, FL 00000
3	D MAZARAT, DONALD	311 ADAMS DR.	CRESTVIEW, FL 00000
4	D LANDOWSKI, KENNETH (TRUSTE	RT. 3, BOX 183	CRESTVIEW, FL
5	D JOHNSON, HARVEY	RT. 1, BOX 303	CRESTVIEW, FL
6	D HOOMES, HARLACE	514 FOREST ST	CRESTVIEW, FL 00000

7. Name and Address of Current Registered Agent
JENKINS, JERRY
RT 4 BOX 374
CRESTVIEW, FL. 32538

8. Name and Address of New Registered Agent
E.H.

9. For use by the Secretary of State for Sections 607.0502 and 607.1503 or sections 617.6002 and 617.1503 Florida Statutes. The above named corporation submits this 202 form for the purpose of changing its registered office or registered agent for taxes in the State of Florida. Such change will be authorized by the corporation's board of directors if the authority herein is not covered by a resolution on file with and a copy of the resolution of Section 607.0502 Florida Statutes.

10. This corporation has liability for penalties for under § 193.032 Florida Statutes. Yes No (See other side for information on change)

11. I, the undersigned, being duly qualified as a preparer, certify that the information contained herein is true and correct and that I am duly qualified to prepare such returns and that I am duly qualified to prepare such returns and that I am duly qualified to prepare such returns.

SIGNATURE *Ray M. McKinney* **2-25-92**
RAY M. MCKINNEY
SECRETARY
FRANZISKA SECRETARY 904 682-2110

File Now. Filing Fee after May 1 is \$225.00

CORPORATION
ANNUAL REPORT
1993



STATE OF FLORIDA
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS
DIVISION OF CORPORATIONS

STATE OF FLORIDA
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
32399

DOCUMENT # **763306 (B)**
CRESTVIEW, FLORIDA LODGE #2624, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA
127 PINE AVE W
PO BOX 153
CRESTVIEW FL 32536-3519

DO NOT WRITE IN THIS SPACE

3. Date Incorporation or Continuance 05/17/1982		3a. Date of Last Report 03/25/1992	
4. FEI Number 592070926		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Federal Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 Monthly Add-on Fee		7. Reported with BUS 9010's Tax Exempt Status <input checked="" type="checkbox"/> \$136.75 Supplemental Fee Not Required	
8. This corporation has elected the alternative tax level for this Florida Statute. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent			

JENKINS, JERRY
RT 4 BOX 374
CRESTVIEW FL 32536

81. Name			
82. Street Address (P.O. Box Number is Not Accepted)			
83. City	84. State	85. Zip Code	86. Country
	FL		

11. This corporation is organized under the laws of the State of Florida, or each of the States of Florida. Summary of laws authorized by the corporation's board of directors for the corporation to register with, and accept the jurisdiction of, Section 607.2205, Florida Statutes.

12. OFFICERS AND DIRECTORS	13. OFFICERS AND DIRECTORS CHANGES
S JENKINS, JERRY RT 4 BOX 374 CRESTVIEW FL	NAME ADDRESS CITY, STATE ZIP
D MCCARDLE, JOHN 333 BRACKIN AVE CRESTVIEW, FL 00000	NAME ADDRESS CITY, STATE ZIP
D HAZARAT, DONALD 311 ADAMS DR. CRESTVIEW, FL 00000	NAME ADDRESS CITY, STATE ZIP
D LANDONSKI, KENNETH TRUSTE RT. 3, BOX 163 CRESTVIEW FL	NAME ADDRESS CITY, STATE ZIP
D JOHNSON, HARVEY RT. 1, BOX 303 CRESTVIEW FL	NAME ADDRESS CITY, STATE ZIP
D MOORES, HARLACE 514 FOREST ST CRESTVIEW, FL 00000	NAME ADDRESS CITY, STATE ZIP
	D LITTLE, STANLEY N/A P.O. BOX 742, CRESTVIEW, FL 32536
	D ROGER BEAUSOLEIL 215 RIDGELAKE ROAD CRESTVIEW, FL 32536

SIGNATURE
JERRY JENKINS

SECRETARY

904 682-0931 EXT 162

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED
 54 APR 28 PM 2:41
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
1. Corporation Name CRESTVIEW, FLORIDA LODGE #2804, BENEVOLENT AND P PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF		DOCUMENT # 769306 (8)	
Mailing Address 127 PINE AVE W PO BOX 153 CRESTVIEW FL 32538		Principal Place of Business 127 PINE AVE W PO BOX 153 CRESTVIEW FL 32538	
If above addresses are incorrect in any way, file through incorrect information and enter correction below.			
2. Mailing Address 21 State, Apt. #, etc. 22 City & State 23 Zip Country		2a. Principal Place of Business 26 State, Apt. #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified 05/17/1982		3a. Date of Last Report 03/05/1993	
4. FEI Number 59-2070826		5. Certificate of Status Desired \$8.75	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. Nonprofit Exempt from \$138.75 Supplemental Fee <input checked="" type="checkbox"/>	
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		10. Name and Address of New Registered Agent 81 Name Jerry Jenkins 82 Street Address (P.O. Box Number is Not Acceptable) 6169 Garden City Road 84 City Crestview FL 86 Zip Code 32536	
9. Name and Address of Current Registered Agent JENKINS, JERRY RT 4 BOX 374 CRESTVIEW FL 32536		11. Pursuant to the provisions of Sections 607.0502 and 607.1506 or Sections 617.0502 and 617.1506, 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 607.0503 or 617.0503, Florida Statutes. SIGNATURE: _____ DATE: 4/23/94	
12. OFFICERS AND DIRECTORS			
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP		15. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	
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11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	
14. I 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)(a), Florida Statutes. I further certify that the information supplied is deemed exempt from public access. 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. I further certify that I am an officer or director of the corporation and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet.			
SIGNATURE: Jerry Jenkins		4/23/94 (904) 682-0931	

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 APR 26 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995
FLORIDA DEPARTMENT OF STATE
Sandra B. Thurmond
Secretary of State
DIVISION OF CORPORATIONS



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

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified 05/17/1982 3a. Date of Last Report 04/28/1994
4. FEI Number 58-2070826 Applied For Not 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S 109.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
JENKINS, JERRY
8188 GARDEN CITY ROAD
CRESTVIEW FL 32536

10. Name and Address of New Registered Agent
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 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE: JERRY JENKINS DATE: 3-6-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	P JENKINS, JERRY 8188 GARDEN CITY ROAD CRESTVIEW FL	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	JENKINS, JERRY	12. NAME	
13. STREET ADDRESS	8188 GARDEN CITY ROAD	13. STREET ADDRESS	
14. CITY-ST-ZIP	CRESTVIEW FL	14. CITY-ST-ZIP	
11. TITLE	TR MCCAROLE, JOHN 333 BRACKEN AVE CRESTVIEW, FL 00000	11. TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	MCCAROLE, JOHN	12. NAME	KEENAN, DANIEL
13. STREET ADDRESS	333 BRACKEN AVE	13. STREET ADDRESS	43 ABBEY RD
14. CITY-ST-ZIP	CRESTVIEW, FL 00000	14. CITY-ST-ZIP	CRESTVIEW, FL 32539-7328
11. TITLE	TR THAMES, RANDY 3153 AIRPORT ROAD CRESTVIEW, FL 00000	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	THAMES, RANDY	12. NAME	
13. STREET ADDRESS	3153 AIRPORT ROAD	13. STREET ADDRESS	
14. CITY-ST-ZIP	CRESTVIEW, FL 00000	14. CITY-ST-ZIP	
11. TITLE	TR MCKINNEY, RAY 129 PHILLIPS STREET CRESTVIEW FL	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	MCKINNEY, RAY	12. NAME	
13. STREET ADDRESS	129 PHILLIPS STREET	13. STREET ADDRESS	
14. CITY-ST-ZIP	CRESTVIEW FL	14. CITY-ST-ZIP	
11. TITLE	TR BEAUSOLEIL, ROGER 215 RIDGELAKE RD. CRESTVIEW FL	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	BEAUSOLEIL, ROGER	12. NAME	
13. STREET ADDRESS	215 RIDGELAKE RD.	13. STREET ADDRESS	
14. CITY-ST-ZIP	CRESTVIEW FL	14. CITY-ST-ZIP	
11. TITLE	TR HOOMES, HARLACE 514 FOREST ST CRESTVIEW, FL 00000	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	HOOMES, HARLACE	12. NAME	
13. STREET ADDRESS	514 FOREST ST	13. STREET ADDRESS	
14. CITY-ST-ZIP	CRESTVIEW, FL 00000	14. CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), 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 by me as an officer or director of the corporation or the receiver or trustee empowered to prepare this report as required by Chapter 817, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JERRY JENKINS DATE: 3-6-95 (904) 682-0431