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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:17

DOCUMENT # 767218 (1)

1. Corporation Name

NORTH PORT LODGE NO. 2632, BENEVOLENT AND PROTEC TIVE ORDER OF ELKS OF THE UNITED STATES OF AMERI

Principal Place of Business	Mailing Address
5848 TROPICAIRE BLVD. P O BOX 7233 NORT PORT FL 34287-4716	5848 TROPICAIRE BLVD. P O BOX 7233 NORT PORT FL 34287-4716

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/28/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2169734 ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

PHILIPPI, EUGENE A.
5200 DENSAW ROAD
NORTH PORT FL 34287

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 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
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	1.1 TITLE	☐ Change ☐ Addition
NAME	DERRY, THOMAS A	1.2 NAME	
STREET ADDRESS	5507 MEADOWLARK LN.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOKEELIA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	PARKES, RICHARD	2.2 NAME	
STREET ADDRESS	3310 DELOR AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SCHULZ, PAUL, E	3.2 NAME	
STREET ADDRESS	4698 BAYANO N	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL	3.4 CITY-ST-ZIP	
TITLE	CD	4.1 TITLE	☐ Change ☒ Addition
NAME	PHILIPPI, EUGENE A.	4.2 NAME	D
STREET ADDRESS	5200 DENSAW ROAD	4.3 STREET ADDRESS	VINCENT MERTES
CITY-ST-ZIP	NORTH PORT FL	4.4 CITY-ST-ZIP	3943 PIN STAR TER. NORTH PORT FL 34287
TITLE	D	5.1 TITLE	☐ Change ☒ Addition
NAME	DIEMER, EARL	5.2 NAME	D
STREET ADDRESS	6088 ABDELLA LN	5.3 STREET ADDRESS	ROBERT GOBBI
CITY-ST-ZIP	NORTH PORT FL	5.4 CITY-ST-ZIP	3700 LOG CABIN RD NORTH PORT FL 34287
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	DERRY, FRANCIS, X	6.2 NAME	
STREET ADDRESS	4875 PAYNE ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL	6.4 CITY-ST-ZIP	

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: Eugene A. Philippi Chairman 3/10/95 813-426-4912
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0019181