

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **767218** (1)

1. Corporation Name

**NORTH PORT LODGE NO. 2632, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA**



Principal Place of Business

Mailing Address

**5848 TROPICAIRE BLVD.  
P O BOX 7233  
NORTH PORT FL 34287-4716**

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P O BOX 7233  
NORTH PORT FL 34287-4716**

3. Date Incorporated or Qualified  
**02/28/1983**

3a. Date of Last Report  
**03/22/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE  
NAME **DERRY, THOMAS A**  
STREET ADDRESS **5507 MEADOWLARK LN.**  
CITY-ST-ZIP **BOKEELIA FL**

TITLE **D** ☐ DELETE  
NAME **PARKES, RICHARD**  
STREET ADDRESS **3310 DELOR AVE.**  
CITY-ST-ZIP **NORTH PORT FL**

TITLE **D** ☒ DELETE  
NAME **SCHULZ, PAUL, E**  
STREET ADDRESS **4698 BAYANO N**  
CITY-ST-ZIP **NORTH PORT FL**

TITLE **CD** ☐ DELETE  
NAME **PHILIPPI, EUGENE A.**  
STREET ADDRESS **5200 DENSAW ROAD**  
CITY-ST-ZIP **NORTH PORT FL**

TITLE **D** ☒ DELETE  
NAME **DIEMER, EARL**  
STREET ADDRESS **6088 ABDELLA LN**  
CITY-ST-ZIP **NORTH PORT FL**

TITLE **S** ☐ DELETE  
NAME **DERRY, FRANCIS, X**  
STREET ADDRESS **4875 PAYNE ST**  
CITY-ST-ZIP **NORTH PORT FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ Change ☐ Addition  
NAME **Robert Gobbi**  
STREET ADDRESS **3700 Log Cabin Rd.**  
CITY-ST-ZIP **North Port, Fl. 34287**

TITLE **D** ☐ Change ☐ Addition  
NAME **Vincent R. Mertes**  
STREET ADDRESS **3943 Pinstar Terr**  
CITY-ST-ZIP **North Port, Fl. 34287**

TITLE **D** ☒ Change ☐ Addition  
NAME **Bruce Hopkins**  
STREET ADDRESS **4934 Kira Ct.**  
CITY-ST-ZIP **North Port, Fl. 34287**

TITLE **D** ☐ Change ☐ Addition  
NAME **Bruce Hopkins**  
STREET ADDRESS **4934 Kira Ct.**  
CITY-ST-ZIP **North Port, Fl. 34287**

TITLE **D** ☐ Change ☐ Addition  
NAME **Bruce Hopkins**  
STREET ADDRESS **4934 Kira Ct.**  
CITY-ST-ZIP **North Port, Fl. 34287**

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NAME **Bruce Hopkins**  
STREET ADDRESS **4934 Kira Ct.**  
CITY-ST-ZIP **North Port, Fl. 34287**

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)(k), 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:

**FRANCIS X. DERRY SEC.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Francis X. Derry** 1-18-96 426-7912  
Date Daytime Phone #

CR2E037 (12/95)