

41-97 B-3850 C  
FILE NOW: FILING FEE IS \$61.25

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Apr 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 <b>5848 TROPICAIRE BLVD. P O BOX 7233 NORT PORT FL 34287-4718</b>	Mailing Address <b>5848 TROPICAIRE BLVD. P O BOX 7233 NORT PORT FL 34287-0233</b>
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3. Date Incorporated or Qualified <b>02/28/1983</b>	3a. Date of Last Report <b>01/25/1996</b>
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2. Principal Place of Business <b>21 5848 Tropicair Blvd.</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 5848 Tropicair Blvd.</b> Suite, Apt. #, etc.
22 City & State <b>23 North Port, Fl.</b>	27 City & State <b>28 North Port, Fl.</b>
24 Zip <b>34286-4722</b>	29 Zip <b>34286-4722</b>

4. FEI Number <b>59-2169734</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>PHILIPPI, EUGENE A. 5200 DENSAW ROAD NORTH PORT FL 34287</b>	
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10. Name and Address of New Registered Agent	
81 Name <b>Mertes, Vincent R.</b>	
82 Street Address (P.O. Box Number is Not Acceptable)	
83 <b>3943 Pinstar Terr.</b>	
84 City <b>North Port</b>	85 Zip Code <b>FL 34287</b>

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 Vincent R. Mertes DATE **3-26-97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>GOBBI, ROBERT</b>		1.2 NAME <b>Gary J. Parkes</b>	
STREET ADDRESS <b>3700 LOG CABIN RD.</b>		1.3 STREET ADDRESS <b>8515 Chesebro Ave.</b>	
CITY-ST-ZIP <b>NORTH PORT FL</b>		1.4 CITY-ST-ZIP <b>North Port, FL. 34287-5427</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>PARKES, RICHARD</b>		2.2 NAME <b>Carolyn Badamo</b>	
STREET ADDRESS <b>3310 DELOR AVE.</b>		2.3 STREET ADDRESS <b>5547 Tannetown</b>	
CITY-ST-ZIP <b>NORTH PORT FL</b>		2.4 CITY-ST-ZIP <b>North Port, FL. 34286-4722</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MERTES, VINCENT R</b>		3.2 NAME <b>Robert Knox</b>	
STREET ADDRESS <b>3943 PINSTAR TERRACE</b>		3.3 STREET ADDRESS <b>8135 Mossborger</b>	
CITY-ST-ZIP <b>NORTH PORT FL</b>		3.4 CITY-ST-ZIP <b>North Port, FL. 34287-3602</b>	
TITLE <b>CD</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PHILIPPI, EUGENE A.</b>		4.2 NAME	
STREET ADDRESS <b>5200 DENSAW ROAD</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>NORTH PORT FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HOPKINS, BRUCE</b>		5.2 NAME	
STREET ADDRESS <b>4834 KIRA CT.</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>NORTH PORT FL</b>		5.4 CITY-ST-ZIP	
TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DERRY, FRANCIS, X</b>		6.2 NAME	
STREET ADDRESS <b>4875 PAYNE ST</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>NORTH PORT FL</b>		6.4 CITY-ST-ZIP	

14. I do 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: Vincent R. Mertes DATE **3/26/97** DAYTIME PHONE **941-426-7815**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)