FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 27 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N09798 (2)

1. Corporation Name
THE ELKS CLUB ASSOCIATION OF PALATKA

Principal Place of Business
DAVID BAGGS
~~% GEORGE GABOL~~ 114 S THIRD ST
PO BOX 413
PALATKA FL 32178-0413

Mailing Address
DAVID BAGGS
~~% GEORGE GABOL~~ 114 S THIRD ST
PO BOX 413
PALATKA FL 32178-0413

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/17/1985
3a. Date of Last Report: 02/18/1994
4. FEI Number: 59-0233023 ☐ 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

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

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

9. Name and Address of Current Registered Agent

~~GIBSON, CHARLES~~
114 SO 3 STR
PALATKA FL 32177

10. Name and Address of New Registered Agent

81 Name: DAVID BAGGS
82 Street Address (P.O. Box Number is Not Acceptable)
83: 113 S 3rd St
84 City: PALATKA FL 85 Zip Code: 32177

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: DAVID S. BAGGS CD David S Baggs CD 4-18-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~ D	11 TITLE	CD ☐ Change ☒ Addition
NAME	LANZ, EUGENE G	12 NAME	BAGGS DAVID S
STREET ADDRESS	PERRY ST, 218	13 STREET ADDRESS	Rt 3 Box 1296
CITY-ST-ZIP	POMONA PARK FL 32181	14 CITY-ST-ZIP	PALATKA FL 32177
TITLE	~~SD~~	21 TITLE	☐ Change ☐ Addition
NAME	~~GIBSON, CHARLES~~	22 NAME	
STREET ADDRESS	~~224 SKEET CLUB RD~~	23 STREET ADDRESS	
CITY-ST-ZIP	~~PALATKA FL~~	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BLAIR, GENE H.E.	32 NAME	
STREET ADDRESS	800 CLEVELAND AVE	33 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	34 CITY-ST-ZIP	
TITLE	~~D~~ SD	41 TITLE	☐ Change ☐ Addition
NAME	MILLER, WILLIAM H.	42 NAME	
STREET ADDRESS	2103 EDGEMOOR ST	43 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: David S Baggs 4-18-95 904 328 1518
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0024400