

# 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 # N09798 (2)**

1. Corporation Name

**THE ELKS CLUB ASSOCIATION OF PALATKA**



Principal Place of Business

Mailing Address

**BAGGS, DAVID  
PO BOX 413  
PALATKA FL 32178-0413  
US**

**BAGGS, DAVID  
PO BOX 413  
PALATKA FL 32178-0413  
US**

3. Date Incorporated or Qualified  
**06/17/1985**

3a. Date of Last Report  
**04/27/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-0233023**

Applied For  
Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

23

City & State

28

City & State

24

Zip

Country

29

Zip

Country

25

30

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

**BAGGS, DAVID  
114 SO 3 STR  
113 S 3RD STREET  
PALATKA FL 32177**

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

*David S. Baggs*

(NOTE: Registered Agent Signature required when resigning)

**5-1-96**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **CD BAGGS, DAVID S**  
STREET ADDRESS **ROUTE 3, BOX 1296**  
CITY-ST-ZIP **PALATKA FL**

11 TITLE ☐ Change ☒ Addition  
12 NAME **Eugene Lanz**  
13 STREET ADDRESS **PO Box 288**  
14 CITY-ST-ZIP **Palm Bay FL 32909**

TITLE ☒ DELETE  
NAME **SD GIBSON, CHARLES**  
STREET ADDRESS **224 SKEET CLUB RD**  
CITY-ST-ZIP **PALATKA FL**

21 TITLE ☐ Change ☒ Addition  
22 NAME **David Rice**  
23 STREET ADDRESS **PO Box 2438**  
24 CITY-ST-ZIP **PALATKA FL 32178**

TITLE ☐ DELETE  
NAME **D BLAIR, GENE H.E.**  
STREET ADDRESS **800 CLEVELAND AVE**  
CITY-ST-ZIP **PALATKA FL**

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **SD MILLER, WILLIAM H.**  
STREET ADDRESS **2103 EDMOND ST**  
CITY-ST-ZIP **PALATKA FL**

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
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)(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:

*David S. Baggs*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CD**

**5-1-96**

**9043289231**

Date

Keynote Phone #

CR2E037 (12/95)