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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:22

DOCUMENT # N11686 (5)

1. Corporation Name

SOUTH ORLANDO LODGE, NO. 2694 BENEVOLENT AND PRO TECTIVE ORDER OF ELKS OF THE UNITED STATES OF AM

Principal Place of Business	Mailing Address
6345 S ORANGE AVE (32859-2156) P O BOX 5912156 ORLANDO FL 32809-5190	6345 S ORANGE AVE (32859-2156) P O BOX 5912156 ORLANDO FL 32809-5190

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/21/1985
3a. Date of Last Report: 05/11/1994
4. FEI Number: 59-2636179 — Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 333 E. Oak Ridge Rd	26 333 E. Oak Ridge Rd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Orlando, Fl.	City & State 28 Orlando, Fl.
Zip 24 32809 Country 25 Orange	Zip 29 32809 Country 30 Orange

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 X — $68.75 Supplemental Fee Not Required
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
WETZEL, PAUL 3314 KALEY ST ORLANDO FL 32812	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: Paul Wetzel, Exalted Ruler — Paul Wetzel — 4-17-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when forwarded) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D — X Change ☐ Addition
NAME	MCCOLLOUGH, PETER E.	12 NAME	
STREET ADDRESS	4848 RABAMA PL.	13 STREET ADDRESS	Gregory Hepner
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	5925 Ozark Ave. Orlando,Fl 32809
TITLE	SD	21 TITLE	SD — X Change ☐ Addition
NAME	GROOMS, JOHN M	22 NAME	John V. Croce
STREET ADDRESS	6345 S ORANGE AVE	23 STREET ADDRESS	333 E. Oak Ridge Rd,Orlando 32809
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	
TITLE	DC	31 TITLE	DC — X Change ☐ Addition
NAME	CARGILL, BRUCE	32 NAME	Verne Kingsbury
STREET ADDRESS	10007 GARRISON LANE	33 STREET ADDRESS	150 Tuskawilla Rd Winter Spgs.32708
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	D — X Change ☐ Addition
NAME	BABCOCK, C.B.	42 NAME	Harvey Gaines
STREET ADDRESS	507 SUNGLOW DR	43 STREET ADDRESS	1525 Orangewood Orlando,Fl 32806
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	DHORT, ROBERT R	52 NAME	
STREET ADDRESS	4362 MEADOWOOD ST	53 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	GEIGER, JOHN	62 NAME	RECEIVED BY MAY 1
STREET ADDRESS	3518 DEVONSWOOD DR	63 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	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: Verne Kingsbury Ch. Trustee — Verne Kingsbury — 4-20-95 — 407-327-1916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004338