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FILED

Mar 11 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

333 E OAK RIDGE RD
P O BOX 5912156
ORLANDO FL 32809
US333 E OAK RIDGE RD
P O BOX 5912156
ORLANDO FL 32809-4142
US3. Date Incorporated or Qualified
10/21/19853a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21 333 East Oakridge Rd

26 PO BOX 592156

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Orlando, FL

28 Orlando FL

Zip

Country

Zip

Country

24 32809

25

US

29 32859-2156

30

US

4. FEI Number

59-2636179

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. 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

COMMO, LEE S.
4506 SEYBOLD AVE.
ORLANDO FL 32808

81 Name

PAUL M. ROPER

82 Street Address (P.O. Box Number is Not Acceptable)

1023 Ridgcrest Rd

83

84

City
Orlando

FL

85

Zip Code
3280611. 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME HELMBOLD, JAMES A.
STREET ADDRESS 3802 LAKE MARGARET DR.
CITY-ST-ZIP ORLANDO FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE SEC ☐ DELETE
NAME GRAHAM, G WAYNE
STREET ADDRESS 5934 BRANCH DR
CITY-ST-ZIP ORLANDO FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME KINGSBURY, VERNE
STREET ADDRESS 150 TUSKAWILLA RD
CITY-ST-ZIP WINTER SPRINGS FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME GAINES, HARVEY
STREET ADDRESS 1525 ORANGEWOOD
CITY-ST-ZIP ORLANDO FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE DC ☐ DELETE
NAME SHORT, ROBERT R.
STREET ADDRESS 4362 MEADOWWOOD ST.
CITY-ST-ZIP ORLANDO FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME DUNBAR, RON
STREET ADDRESS 202 E. KALEY ST.
CITY-ST-ZIP ORLANDO FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP14. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0016992

CR2E037 (9/96)