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Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthary Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N11686** (5)

1. Corporation Name

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

Principal Place of Business

Mailing Address

333 EAST OAKRIDGE RD
P O BOX 5912156
ORLANDO FL 32809
US

P.O. BOX 592156
P O BOX 5912156
ORLANDO FL 32859-2165
US

3. Date Incorporated or Qualified

10/21/1985

4. FEI Number

59-2636179

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROPER, PAUL M
1023 RIDGECREST RD
ORLANDO FL 32806

81 Name

MICHAEL CARR

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

5630 AILEEN DRIVE

83

84 City

ORLANDO

FL

85 Zip Code
32839

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-5-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	HELBOLD, JAMES A.	
STREET ADDRESS	3802 LAKE MARGARET DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SEC	<input type="checkbox"/> DELETE
NAME	GRAHAM, G WAYNE	
STREET ADDRESS	5934 BRANCH DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GAINES, HARVEY	
STREET ADDRESS	1525 ORANGEWOOD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	SHORT, ROBERT R.	
STREET ADDRESS	4362 MEADOWWOOD ST.	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DC
4.3 STREET ADDRESS	PIKOR, RONALD
4.4 CITY-ST-ZIP	719 ADIDAS RD WTR SPRINGS FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:

W. J. ...

Secretary of State 407-855-9448

CR2E037 (10/97)