

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N14209 (3)

1. Corporation Name

PERRY LODGE, NO. 1851, BENEVOLENT AND PROTECTIVE  
ORDER OF ELKS OF THE UNITED STATES, INC.

Principal Place of Business

Mailing Address

305 PUCKETT ROAD  
P.O. BOX 986  
PERRY FL 32347

305 PUCKETT ROAD  
P.O. BOX 986  
PERRY FL 32347-5801

3. Date Incorporated or Qualified  
04/07/1986

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 32348

25

29 32348

30

4. FEI Number  
59-0948317

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

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

FOUCHE, PAUL REID  
305 PUCKETT ROAD  
PERRY FL 32347

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-6-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	DELETE
NAME	SANHEIN, JACOB M.	
STREET ADDRESS	802 PLANTATION ROAD	
CITY-ST-ZIP	PERRY FL	
TITLE	P	DELETE
NAME	CONNELL, WAYNE	
STREET ADDRESS	2104 S OLD DIXIE HWY	
CITY-ST-ZIP	PERRY FL	
TITLE	D	DELETE
NAME	WISE, THOMAS H SR	
STREET ADDRESS	P.O. BOX 87 N/A, AUCILLA RIVER	
CITY-ST-ZIP	LAMONT FL	
TITLE	D	DELETE
NAME	AGNER, RAY D.	
STREET ADDRESS	RT 4 BOX 528 Green Farm Road N/A	
CITY-ST-ZIP	PERRY FL	
TITLE	D	DELETE
NAME	MORGAN, ROYCE E.	
STREET ADDRESS	ROUTE 3, BOX 274 PADGETT ROAD N/A	
CITY-ST-ZIP	PERRY FL	
TITLE	D	DELETE
NAME	JONES, KYLE G.	
STREET ADDRESS	RT. 1 BOX 230, GOLF COURSE RD N/A	
CITY-ST-ZIP	PERRY FL	

1.1 TITLE	Change Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Change Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Change Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

TRAMMELL, RANDOLPH L.  
P.O. BOX 682 514 W. Ash St.  
PERRY, FL

14. 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 as an attachment with an address.

SIGNATURE:

RANDOLPH L. TRAMMELL  
PAUL R. FOUCHÉ, SECRETARY

April 5, 97  
April 5, 97

CR2E037 (9/96)