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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified

04/07/1986

4. FEI Number

59-0948317

Applied For

☒ Not Applicable

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

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 **Paul Reid Fouché**

DATE **April 20, 1998**

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 **SANHEIM, JACOB M.**
STREET ADDRESS **602 PLANTATION ROAD**
CITY-ST-ZIP **PERRY FL**

TITLE **D** ☒ DELETE
NAME **TRAMMELL, RANDOLPH L**
STREET ADDRESS **P O BOX 682/514 W ASH ST**
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 **D.**
1.3 STREET ADDRESS **Wheeler, Olison O.**
1.4 CITY-ST-ZIP **PO Box 777, 204 Pineland Perry, FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **PP**
2.3 STREET ADDRESS **ROBERT C. FOUCHE**
2.4 CITY-ST-ZIP **RT. 3 BOX 415, 6300 Beach Road PERRY, FL.**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D**
3.3 STREET ADDRESS **YATES, John T.**
3.4 CITY-ST-ZIP **RT. 1 BOX 172, N/A GREENVILLE, FL.**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **D**
4.3 STREET ADDRESS **Agner. Ray D.**
4.4 CITY-ST-ZIP **Rt. 4 Box 528, 3435 Green Farm Rd. Perry, Fl**

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

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 as an attachment with an address.

SIGNATURE:

Paul R. Fouché - Agent

21 April 1998

850-584-2541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000116

CR2E037 (10/97)