

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # N25285 (0)**

1. Corporation Name

**ELKS LODGE NO. 2730, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA INC**



Principal Place of Business	Mailing Address
7655 S.E. HWY. 25 P.O. BOX 3100 BELLEVUE FL 34421 US	7655 S.E. HWY. 25 P.O. BOX 3100 BELLEVUE FL 34421 US

3. Date Incorporated or Qualified	03/09/1988
4. FEI Number	59-2767697
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	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**TUCKER, HARRY A.  
220 A EAST GLENNEAGLES RD  
OCALA FL 34472**

10. Name and Address of New Registered Agent

81 Name	Thompson, Andrew A.
82 Street Address (P.O. Box Number is Not Acceptable)	15 Spring Lane Way
83	
84 City	Ocala, FL
85 Zip Code	34472

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 *Andrew A. Thompson* **ANDREW A THOMPSON (secretary) 4/15/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	TUCKER, HARRY A.	
STREET ADDRESS	220 GLENNEAGLES RD	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KLOTZ, JOE	
STREET ADDRESS	2306 SE 50TH TERRACE	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOREE, MAX	
STREET ADDRESS	370 SE 145 ST	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	WHATLEY, DUANE	
STREET ADDRESS	5 CHERRY LANE	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WESTCOTT, ROBERT	
STREET ADDRESS	9894 SE 110 ST RD	
CITY-ST-ZIP	BELLEVUE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Louisa Norman	
1.3 STREET ADDRESS	2425 SW 3rd Ave., Lot 141	
1.4 CITY-ST-ZIP	Ocala, FL 34474	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Charlie Mckinnon	
2.3 STREET ADDRESS	8 Spring Lake Way	
2.4 CITY-ST-ZIP	Ocala, FL 34472	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Harry Tucker	
3.3 STREET ADDRESS	220-A E Gleneagles Rd	
3.4 CITY-ST-ZIP	Ocala, FL 34472	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Duane Whatley	
4.3 STREET ADDRESS	5 Cherry Lane	
4.4 CITY-ST-ZIP	Ocala, FL 34472	
5.1 TITLE	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Robert Westcott	
5.3 STREET ADDRESS	same	
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	James Hamlin	
6.3 STREET ADDRESS	6413 D Lakewood Dr.	
6.4 CITY-ST-ZIP	Ocala, FL 34472	

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: *Louisa Norman* **LOUISA NORMAN 4/15/98 732-9934**

CR2E037 (10/97)