

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortum Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N31307 (4)**  
 1. Corporation Name  
**LADIES OF THE ELKS OF CLEARWATER, FLORIDA, INC.**

Principal Place of Business <b>2750 SUNSET POINT RD CLEARWATER FL 34619</b>	Mailing Address <b>2750 SUNSET POINT RD CLEARWATER FL 34619</b>
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

**FILED**  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
**95 MAY -1 AM 8:40**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/22/1989</b>	3a. Date of Last Report <b>05/27/1994</b>
4. FEI Number <b>59-2066363</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**KARNS, CLETA  
 2519 ROYAL PALMS CIR. APT. D  
 CLEARWATER FL 34623**

10. Name and Address of New Registered Agent

81 Name <b>Messerschmidt Beverly</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2866 DEER HOUND WAY</b>
83
84 City <b>Palm HARBOR</b>
85 State <b>FL</b>
86 Zip Code <b>34683</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Beverly Messerschmidt *Beverly Messerschmidt Apr. 24, 1995*  
Signature (typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE <b>P</b>	NAME <b>KARNS, CLETA</b>
STREET ADDRESS <b>2519 ROYAL PALMS CIR., APT. D</b>	CITY - ST - ZIP <b>CLEARWATER FL 34623</b>
TITLE <b>T</b>	NAME <b>JURGENSEN, GEORGENE</b>
STREET ADDRESS <b>910 PALMER LANE</b>	CITY - ST - ZIP <b>PALM HARBOR FL 34685-1810</b>
TITLE <b>ST</b>	NAME <b>BRENNER, ANN</b>
STREET ADDRESS <b>2510 BRIARWOOD CT.</b>	CITY - ST - ZIP <b>CLEARWATER FL 34623</b>
TITLE <b>V</b>	NAME <b>MURPHY, PATRICIA A</b>
STREET ADDRESS <b>2427 RHODESIAN DR. APT. 29</b>	CITY - ST - ZIP <b>CLEARWATER FL 34623</b>
TITLE <b>T</b>	NAME <b>MESSERSCHMIDT, BEVERLY</b>
STREET ADDRESS <b>2866 DEER HOUND WAY</b>	CITY - ST - ZIP <b>PALM HARBOR FL 34683</b>
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>P</b>	1.2 NAME <b>Messerschmidt, Beverly</b>	Change <input type="checkbox"/> Addition <input type="checkbox"/>
1.3 STREET ADDRESS <b>2866 DEER HOUND WAY</b>	1.4 CITY - ST - ZIP <b>PALM HARBOR, FL 34683</b>	
2.1 TITLE <b>T</b>	2.2 NAME <b>JURGENSEN, GEORGENE</b>	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.3 STREET ADDRESS <b>910 PALMER LANE</b>	2.4 CITY - ST - ZIP <b>Palm Harbor, FL 34685-1810</b>	
3.1 TITLE <b>SECRETARY</b>	3.2 NAME <b>TROMBETTA, JUDY</b>	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
3.3 STREET ADDRESS <b>46 VILLAGE LANE</b>	3.4 CITY - ST - ZIP <b>SAFETY HARBOR, FL. 34695</b>	
4.1 TITLE <b>ST</b>	4.2 NAME <b>Murphy, Patricia A.</b>	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.3 STREET ADDRESS <b>2427 Rhodesian Dr. Apt 29</b>	4.4 CITY - ST - ZIP <b>Clearwater, Fl. 34623</b>	
5.1 TITLE <b>TRUSTEE</b>	5.2 NAME <b>TROMBETTA, JUDY</b>	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
5.3 STREET ADDRESS <b>46 VILLAGE LANE</b>	5.4 CITY - ST - ZIP <b>SAFETY HARBOR, FL. 34695</b>	
6.1 TITLE <b>TRUSTEE</b>	6.2 NAME <b>Thomas Dell</b>	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
6.3 STREET ADDRESS <b>6350 W. ...</b>	6.4 CITY - ST - ZIP <b>...</b>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Beverly Messerschmidt *May 19, 1995 813-776-260*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NO.