FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

N47247 DOCUMENT # 1. Corporation Name

LAKE WALES ELKS LOUGE, INC. LOUGE NO. 1974							
Principal Place of Business Maili		Mailing Address			f inditingt dis statt kamin tratt himte et	EBT ATON DIAN STORE OINER I	il Man Manhair eshiba
2531 U.S. HIGHWAY 27 SOUTH LAKE WALES FL		POST OFFICE BOY LAKE WALES FL 3 US					
		00			3. Date Incorporated or Qualified 02/10/1992	3a. Date of Last I 02/28/19	
2. Principal Place of Business		2a. Mailing Address 26		4. FEI Number Applied For 59-0895650 Not Applied		pplied For lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees		
Zip			Country		8. This corporation has liability for intangible tax under s. 199.032,		199.032,
24	25	29	30		, , , , , , , , , , , , , , , , , , , ,	Yes No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered Agent	
				81 Name			
MATTOX, RAY 170 EAST CENTRAL AVENUE				82 Street Add	liess (P.O. Box Number is Not Acceptable)	
	HAVEN FL			83			
				84 City		FL 85 Zip	Code
or register	to the provisions of Sections 617,0502 red agent, or both, in the State of Floric ith, and accept the obligations of, Secti	da. Such channe was aut	thorized by the c	ve-named corpo orporation's box	oration submits this statement for the purp ard of directors. I hereby accept the appoi	ose of changing its re ntment as registered	egistered office agent. I am
SIGNATURE							
40	Signature, typed or printed name of registered agent OFFICERS AND		tNG1E: Registered	Agent signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE DE RISTANDA DIRECTO	RSIN 12
12.	S OFFICERS AND	DIRECTORS		n e	ADDITIONS CHANGES TO OTTE	Change	RS IN 12 Addition
TITLE	ROGERS, LEONARD P /	Пресси	12 NA	l			
NAME OWIGE LEDGES	1021 SOUTH FIRST ST			HEE! ADDRESS			
STREET ADDRESS	LAKE WALES FL 33853			TY-ST-ZIP			
CITY - ST - ZIF TITLE	T	[DELETE				Change	Addition
NAME	LONSBERRY, KENITH		2 2 NA				_
STREET ADDRESS	P.O. BOX 9484 N/A			HEET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL 33883			ITY-ST-ZIP			
TITLE	ER	FIDELETE	*******			☐ Change	Addition
NAME	DENISTON, JAMES R.	<u></u>	32 N	AME			
STREET ADDRESS	6112 TINDEL CAMP LANE			REET ADDRESS			
CITY - ST - ZIP	LAKE WALES FL			ITY-ST-ZIP			
TITLE	T	[]DELETE				☐ Change	☐ Addition
NAME	CATTERTON, OWEN M.		4.2 N	AME			
STREET ADDRESS	28 W. RUSSELL AVE.			REET ADDRESS			
City-St ZiP	LAKE WALES FL 33853			TY-ST-ZIP			Ļ
TITLE	T	□]DELETE				☐ Change	Addition
NAME	PARRISH, EDWARD		5 2 N	AME			
STREET ADDRESS	P.O. BOX 322 N/A		635	TREET ADDRESS			
CITY-ST ZIP	BABSON PARK FL 33827		540	TY-SI-ZIP			
TITLE	1	[]DELETE	E 617:	TLE		☐ Change	☐ Addition
NAME	GRANT, DOUGLAS		6 2 N	AME			
STREET ADDRESS	5130 ALTU BAB RD. 389		635	TREET ADDRESS			
CITY OF 710	LAKE WALES FL 33853		640	15Y - ST - 7IP			

14. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(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 13 if changed, or on an attachment with an address.

SIGNATURE: LEONARD P. ROGERS *SECRETARY*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96

241-676-5416 Daylima Phone if