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NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **N47247** **(4)**

1 Corporation Name

LAKE WALES ELKS LODGE, INC. LODGE NO. 1974

Principal Place of Business	Mailing Address
2531 U.S. HIGHWAY 27 SOUTH LAKE WALES FL	POST OFFICE BOX 1242 LAKE WALES FL 33859-1242 US

3 Date Incorporated or Qualified: **02/10/1992**

3a Date of Last Report: **02/28/1995**

21 Principal Place of Business	26 Mailing Address	4 FEI Number: **59-0895650**	☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5 Certificate of Status Desired ☐	**$8.75** Additional Fee Required
23 City & State	28 City & State	6 Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
24 Zip / 25 Country	29 Zip / 30 Country	8 This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9 Name and Address of Current Registered Agent

MATTOX, RAY
170 EAST CENTRAL AVENUE
WINTER HAVEN FL

10 Name and Address of New Registered Agent

81 Name

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

12 OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROGERS, LEONARD P / 1021 SOUTH FIRST ST LAKE WALES FL 33853	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LONSBERRY, KENITH P.O. BOX 9484 N/A WINTER HAVEN FL 33883	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ER DENISTON, JAMES R. 6112 TINDEL CAMP LANE LAKE WALES FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition EXALTED RULER 1996-1997 X ROBERT JAMES P.O. BOX 1555 *1355 OLD SCENIC HWY. LAKE WALES FL. 33853-1555
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CATTERTON, OWEN M. 28 W. RUSSELL AVE. LAKE WALES FL 33853	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☒ Change ☐ Addition LEADING KNIGHT EVERETT BARRETT 931 LAKE THOMAS RD. LAKE WALES FL. 33853
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PARRISH, EDWARD P.O. BOX 322 N/A BABSON PARK FL 33827	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition 700001843067 -05/29/96--01110--039 ***61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GRANT, DOUGLAS 5130 ALTU BAB RD. 389 LAKE WALES FL 33853	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 85/1 32

CR2E037 (12/95)

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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: LEONARD P. ROGERS *SECRETARY* 1/18/96 941-676-5416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #