

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 24 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
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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**

4. FEI Number

**59-0895650**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

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 25 26 27 28 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MATTOX, RAY  
170 EAST CENTRAL AVENUE  
WINTER HAVEN FL**

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

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 **S** ☐ DELETE  
NAME **WILKINSON, MARILYN S.**  
STREET ADDRESS **1281 TRIANGLE DRIVE**  
CITY-ST-ZIP **LAKE WALES FL**

1.1 TITLE **ESTEEMED LOYAL KNIGHT** ☒ Change ☐ Addition  
1.2 NAME **Joan Heilbrun**  
1.3 STREET ADDRESS **4814 Fleetwood St.**  
1.4 CITY-ST-ZIP **Lake Wales, Fl 33853** ☒ Change ☐ Addition

TITLE **T** ☒ DELETE  
NAME **BAILEY, LINDA**  
STREET ADDRESS **7753 QUEEN CT.**  
CITY-ST-ZIP **LAKE WALES FL**

2.1 TITLE **TRUSTEE**  
2.2 NAME **Donald I. Schultz PER**  
2.3 STREET ADDRESS **202 Caloosa Cir N.**  
2.4 CITY-ST-ZIP **Lake Wales, Fl 33853** ☒ Change ☐ Addition

TITLE **ER** ☐ DELETE  
NAME **EVERETT, BVARRETT**  
STREET ADDRESS **931 LAKE THOMAS ROAD**  
CITY-ST-ZIP **LAKE WALES FL**

3.1 TITLE **TRUSTEE**  
3.2 NAME **Nicholas Zaburny**  
3.3 STREET ADDRESS **5130 ABC Rd #26**  
3.4 CITY-ST-ZIP **Lake Wales, Fl 33853** ☒ Change ☐ Addition

TITLE **T** ☐ DELETE  
NAME **JONES, MARGARET**  
STREET ADDRESS **249 JACK PINE STREET**  
CITY-ST-ZIP **LAKE WALES FL**

4.1 TITLE **ESTEEMED LEADING KNIGHT** ☒ Change ☐ Addition  
4.2 NAME **Bailey, Linda**  
4.3 STREET ADDRESS **7753 Queen Ct.**  
4.4 CITY-ST-ZIP **Lake Wales, Fl 33853** ☐ Change ☐ Addition

TITLE **T** ☒ DELETE  
NAME **PARRISH, EDWARD**  
STREET ADDRESS **P.O. BOX 322 N/A**  
CITY-ST-ZIP **BABSON PARK FL 33827**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME ☐ Change ☐ Addition  
5.3 STREET ADDRESS ☐ Change ☐ Addition  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **T** ☒ DELETE  
NAME **GRANT, DOUGLAS**  
STREET ADDRESS **5130 ALTU BAB RD. 389**  
CITY-ST-ZIP **LAKE WALES FL 33853**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME ☐ Change ☐ Addition  
6.3 STREET ADDRESS ☐ Change ☐ Addition  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: *Marilyn S. Wilkinson*

**MARILYN S. WILKINSON**

**4/15/98 941-676-5416**

CR2E037 (10/97)