


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90182 021 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS																																																																																																																																																	
<b>DOCUMENT # N47247</b>																																																																																																																																																					
1. Corporation Name <b>LAKE WALES ELKS LODGE, INC. LODGE NO. 1974</b>																																																																																																																																																					
Principal Place of Business 2531 U.S. HIGHWAY 27 SOUTH LAKE WALES FL			Mailing Address POST OFFICE BOX 1242 LAKE WALES FL 33859 1242 US																																																																																																																																																		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>02/10/1992</b> 4. FEI Number <b>59-0895650</b> Applied For <input type="checkbox"/> Not Applicable 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																																																																																																																																																	
9. Name and Address of Current Registered Agent <b>MATTOX, RAY</b> <b>170 EAST CENTRAL AVENUE</b> <b>WINTER HAVEN FL</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____																																																																																																																																																					
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OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>S</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>WILKINSON, MARILYN S.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1281 TRIANGLE DRIVE</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>LAKE WALES FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TSTE</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>SCHULTZ PER, DONALD I</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>202 CALOOSA CIR N</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>LAKE WALES FL 33853</td> <td></td> </tr> <tr> <td>TITLE</td> <td>ER</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>EVERETT, BVARRETT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>931 LAKE THOMAS ROAD</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>LAKE WALES FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>JONES, MARGARET</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>249 JACK PINE STREET</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>LAKE WALES FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>P</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>HEILBURN, JOAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4814 FLEETWOOD ST</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>LAKE WALES FL 33853</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TSTE</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>ZABURNY, NICOLAS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5130 ABC RD #26</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>LAKE WALES FL 33853</td> <td></td> </tr> </table>			TITLE	S	<input type="checkbox"/> DELETE	NAME	WILKINSON, MARILYN S.		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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(3)(l), 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, with all other like empowered.

SIGNATURE: *Nicholas Zaburny* NICHOLAS ZABURNY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 941-537-2468

Date

Daytime Phone #

CR2E037 (1/98)