2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 05, 2002 8:00 am Secretary of State **DOCUMENT # N47247** 1. Entity Name LAKE WALES ELKS LODGE, INC. LODGE NO. 1974 05-05-2002 90058 032 ****61.25 Principal Place of Business Mailing Address 2531 U.S. HIGHWAY 27 SOUTH POST OFFICE BOX 1242 LAKE WALES FL LAKE WALES FL 33859-1242 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0895650 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MATTOX, RAY Street Address (P.O. Box Number is Not Acceptable) 170 EAST CENTRAL AVENUE WINTER HAVEN FL City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE □ Delete TITLE (9/01)Change ☐ Addition PAULO, FLORENCE NAME 801 US HWY 27 S LT 4 STREET ADDRESS DONNELLY, WALTER STREET ADDRESS CITY-ST-7/F LAKE WALES FL 33853 P.O. Box 6354 CITY-ST-ZIP TITLE Nalcrest, Fl 33856 ☐ Delete TITLE ☐ Change Addition NAME **BOLDEN, CONSTANCE** NAME STREET ADDRESS 2506 RUTH AV STREET ADDRESS CITY-ST-ZIP LAKE WALES FL 33853 CITY-ST-ZIP TITLE Delete TITLE BAILEY, LINDA ☐ Change Addition NAME NAME STREET ADDRESS 7753 QUEEN CT ** STREET ADDRESS CITY-ST-ZIP LAKE WALES FL 33853 CITY-ST-ZIP TSTE TITLE ☐ Delete TITLE DENISTON, J R ☐ Change ☐ Addition NAME NAME STREET ADDRESS 6112 TINDELL CAMP LANE STREET ADDRESS CITY-ST-ZIP LAKE WALES FL 33853 CITY-ST-ZIP TSTE TITLE ☐ Delete ☐ Change KNOWLTON, SHARLENE Addition NAME 1434 THOUSAND ROSES AVE W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WALES FL 33853 CITY-ST-ZIP TSTE ☐ Delete

12. 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 report or supplemental 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 10 or Block 11 if

STREET ADDRESS

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

BULLOCK, JOSEPH

LAKE WALES FL 33853

160 PIERCE ST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

☐ Change

☐ Addition