

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90008 019 \*\*\*\*61.25

0013892

**DOCUMENT # N47842**

1. Corporation Name

**DELTONA LODGE, NO. 2739 BENEVOLENT AND PROTECTIV  
E ORDER OF ELKS OF THE UNITED STATES OF AMERICA,**

Principal Place of Business

2740 DOYLE ROAD  
DELTONA FL 32738-9323  
US

Mailing Address

2740 DOYLE ROAD  
DELTONA FL 32738-9323  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/13/1992

4. FEI Number

59-2879420

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

9. Name and Address of Current Registered Agent

**HUNDLEY, JOHN L.  
2740 DOYLE ROAD  
DELTONA FL 32725**

10. Name and Address of New Registered Agent

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

TITLE **D** ☒ DELETE  
NAME **SUESS, STANLEY E**  
STREET ADDRESS **2921 FLYNN ST**  
CITY-ST-ZIP **DELTONA FL 32738**

TITLE **D** ☒ DELETE  
NAME **GRIFFIN, WILLIAM E.**  
STREET ADDRESS **1047 MAYFLOWER AVE.**  
CITY-ST-ZIP **DELTONA FL**

TITLE **D** ☐ DELETE  
NAME **LEACH, DOUGLAS E.**  
STREET ADDRESS **2332 SALES DRIVE**  
CITY-ST-ZIP **DELTONA FL 32738**

TITLE **D** ☒ DELETE  
NAME **GIEGOLD, CHESTER E**  
STREET ADDRESS **3231 GLENMEADOW TERR**  
CITY-ST-ZIP **DELTONA FL 32725**

TITLE **D** ☐ DELETE  
NAME **NORVILLE, ERNEST**  
STREET ADDRESS **950 MILLENBECK AVE.**  
CITY-ST-ZIP **DELTONA FL**

TITLE **S** ☐ DELETE  
NAME **HERBERT, WILLIAM F.**  
STREET ADDRESS **1516 ZINNIA DR.**  
CITY-ST-ZIP **DELTONA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition  
1.2 NAME **Richard E. Merrill**  
1.3 STREET ADDRESS **2420 Balboa Terr.**  
1.4 CITY-ST-ZIP **Deltona, FL 32738-5108**

2.1 TITLE **D** ☒ Change ☐ Addition  
2.2 NAME **James O. Lence**  
2.3 STREET ADDRESS **995 Trumbull St.**  
2.4 CITY-ST-ZIP **Deltona FL 32725-4664**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE **D** ☒ Change ☐ Addition  
4.2 NAME **William C. Euker**  
4.3 STREET ADDRESS **1974 Montero Cir.**  
4.4 CITY-ST-ZIP **Deltona FL 32738-6791**

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

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

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, with all other like empowered.

SIGNATURE: **William F. Herbert**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

407-328-7007