

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 30 AM 8:15**

DOCUMENT # N94000000015 (7)

1. Corporation Name

**ARCADIA LODGE, NUMBER 1524, BENEVOLENT AND PROTE
CTIVE ORDER OF ELKS OF THE UNITED STATES OF AMER**

Principal Place of Business

Mailing Address

**1028 WEST OAK STREET
ARCADIA FL**

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ARCADIA FL**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/23/1993

3a. Date of Last Report
06/24/1994

4. FEI Number
65-0478967

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BEESTING, JAMES M
25 E. OAK STREET
ARCADIA FL 33821**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **FAZZONE, RICHARD**
STREET ADDRESS **POST OFFICE BOX 951**
CITY - ST - ZIP **ARCADIA FL**

TITLE **D**
NAME **BURTSCHER, ALLAN**
STREET ADDRESS **RT. 2, BOX 313**
CITY - ST - ZIP **ARCADIA FL 33821**

TITLE **D**
NAME **FAZZONE, MARK**
STREET ADDRESS **1487 NE LEE STREET**
CITY - ST - ZIP **ARCADIA FL**

TITLE **D**
NAME **HALL, DON T.**
STREET ADDRESS **POST OFFICE BOX 2049 N/A**
CITY - ST - ZIP **ARCADIA FL**

TITLE **D**
NAME **KEENE, KEITH**
STREET ADDRESS **615 WEST EFFIE STREET**
CITY - ST - ZIP **ARCADIA FL 33821**

TITLE **D**
NAME **CROSS, HORACE**
STREET ADDRESS **POST OFFICE BOX 761 N/A**
CITY - ST - ZIP **ARCADIA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** **JOSEPH NEWTON** ☒ Change ☐ Addition
1.2 NAME **P.O. Box 1257 N/A**
1.3 STREET ADDRESS **ARCADIA, FL. 3382**
1.4 CITY - ST - ZIP

2.1 TITLE **D** **TOD BACKER** ☒ Change ☐ Addition
2.2 NAME **126 NO. MONROE**
2.3 STREET ADDRESS **ARCADIA, FL 33821**
2.4 CITY - ST - ZIP

3.1 TITLE **D** **JAMES M. BEESTING** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

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

6.1 TITLE **S** **DOUGLAS G. FULLER** ☒ Change ☐ Addition
6.2 NAME **218 NO HERNANDO**
6.3 STREET ADDRESS **ARCADIA, FL. 33821**
6.4 CITY - ST - ZIP

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 110.07(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:

DOUGLAS G. FULLER

Signature and Title of Officer or Director

5/24/95 (813)-993-0011
Date (Typed Name)