

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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

1028 WEST OAK STREET
ARCADIA FL

Mailing Address

1028 WEST OAK STREET
ARCADIA FL

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

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

DOUGLAS G. FULLER

82

Street Address (P.O. Box Number is Not Acceptable)

218 N. HERNANDO ST

83

ARCADIA

84

City

FL

85

Zip Code

33821

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 of officer or director of corporation or registered agent must be filed with this report.)

(If both Registered Agent's Signature required when not filing with this report.)

9/24/96

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (SEE INSTRUCTIONS)

TITLE	D	XX DELETE
NAME	NEWTON, JOSEPH	
STREET ADDRESS	P O BOX 1257	
CITY-STATE-ZIP	ARCADIA FL	
TITLE	D	DELETE
NAME	BACKER, TOD	
STREET ADDRESS	126 N MONROE	
CITY-STATE-ZIP	ARCADIA FL	
TITLE	D	DELETE
NAME	BEESTING, JAMES M	
STREET ADDRESS	1487 NE LEE STREET	
CITY-STATE-ZIP	ARCADIA FL	
TITLE	D	DELETE
NAME	HALL, DON T.	
STREET ADDRESS	POST OFFICE BOX 2049 N/A	
CITY-STATE-ZIP	ARCADIA FL	
TITLE	D	DELETE
NAME	KEENE, KEITH	
STREET ADDRESS	615 WEST EFFIE STREET	
CITY-STATE-ZIP	ARCADIA FL 33821	
TITLE	S	DELETE
NAME	FULLER, DOUGLAS G	
STREET ADDRESS	218 N HERNANDO	
CITY-STATE-ZIP	ARCADIA FL	

11 TITLE	XX Change	XX Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-STATE-ZIP		
21 TITLE	XX Change	XX Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
31 TITLE	XX Change	XX Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE	XX Change	XX Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE	XX Change	XX Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE	XX Change	XX Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-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 119.07(3)(g), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/24/96

941-993-0011

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