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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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	1028 WEST OAK STREET ARCADIA FL 34266-3369

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 12/23/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0478967	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FULLER, DOUGLAS G.
218 N HERNANDO ST
ARCADIA FL 33821

10. Name and Address of New Registered Agent

81 Name Keene, Keith
82 Street Address (P.O. Box Number is Not Acceptable)
615 W. Effie Street
83
84 City Arcadia FL 85 Zip Code 34266

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 Keith Keene, Keith Keene, Secretary DATE 4-20-97

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BACKER, TOD	
STREET ADDRESS	1623 SE 1ST AVE	
CITY-ST-ZIP	ARCADIA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROGERS, CHRIS	
STREET ADDRESS	1279 SE TOWNSEND RD	
CITY-ST-ZIP	ARCADIA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SANDERS, MIKE	
STREET ADDRESS	904 PARKVIEW	
CITY-ST-ZIP	ARCADIA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FAZZONE, MARK	
STREET ADDRESS	613 W WHIDDEN ST	
CITY-ST-ZIP	ARCADIA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KEENE, KEITH	
STREET ADDRESS	615 WEST EFFIE STREET	
CITY-ST-ZIP	ARCADIA FL 33821	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FULLER, DOUGLAS G	
STREET ADDRESS	218 N HERNANDO	
CITY-ST-ZIP	ARCADIA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Don T Hall	
1.3 STREET ADDRESS	115 E. Oak Street Suite 201	
1.4 CITY-ST-ZIP	Arcadia, FL 34266	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Sam Boone	
4.3 STREET ADDRESS	303 E. Imogene	
4.4 CITY-ST-ZIP	Arcadia FL 34266	
5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Keith Keene	
5.3 STREET ADDRESS	615 W. Effie St.	
5.4 CITY-ST-ZIP	Arcadia FL 34266	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Brian T. Burns	
6.3 STREET ADDRESS	3662 NW Cnty Rd 661	
6.4 CITY-ST-ZIP	Arcadia FL 34266	

14. I do 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.

SIGNATURE: Keith Keene DATE 4-20-97 (941) 743-1266

CR2E037 (9/96)