


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

Mailing Address

**1028 WEST OAK STREET
ARCADIA FL**

**1028 WEST OAK STREET
ARCADIA FL**

3. Date Incorporated or Qualified

12/23/1993

4. FEI Number

65-0478967

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
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

**KEENE, KEITH
615 W. EFFIE STREET
ARCADIA FL 34266**

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 *Keith Keene* - Secretary

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/26/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **HALL, DON T**
STREET ADDRESS **115 E. STREET, STE. 201**
CITY-ST-ZIP **ARCADIA FL**

TITLE **D** ☒ DELETE

NAME **ROGERS, CHRIS**
STREET ADDRESS **1279 SE TOWNSEND RD**
CITY-ST-ZIP **ARCADIA FL**

TITLE **D** ☐ DELETE

NAME **SANDERS, MIKE**
STREET ADDRESS **904 PARKVIEW**
CITY-ST-ZIP **ARCADIA FL**

TITLE **D** ☐ DELETE

NAME **BOONE, SAM**
STREET ADDRESS **303 E. IMOGENE**
CITY-ST-ZIP **ARCADIA FL**

TITLE **S** ☐ DELETE

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

TITLE **D** ☐ DELETE

NAME **BURNS, BRIAN T**
STREET ADDRESS **3882 N.W. CNTY RD. 661**
CITY-ST-ZIP **ARCADIA FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ 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 ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

T
Connie Kelly
636 W. Effie Street
ARCADIA FL

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.

SIGNATURE *R. H. Rogers - Keith Keene*

3/26/98 (9415712-1211)

CP2E037 (1097)