

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
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90047 023 ****61.25

DOCUMENT # N94000000015

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

12/23/1993

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

9. Name and Address of Current Registered Agent

KEENE, KEITH
615 W. EFFIE STREET
ARCADIA FL 34266

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

TITLE T ☒ DELETE
NAME KELLY, CONNIE
STREET ADDRESS 636 E EFFIE ST
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 3662 N.W. CNTY RD. 661
CITY-ST-ZIP ARCADIA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☐ Addition
1.2 NAME Robert Allen
1.3 STREET ADDRESS P O Box 1269
1.4 CITY-ST-ZIP ARCADIA FL 34265

2.1 TITLE T ☐ Change ☒ Addition
2.2 NAME Debbie Vickers
2.3 STREET ADDRESS 226 Providence St
2.4 CITY-ST-ZIP ARCADIA FL 34266

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Rick Georges
3.3 STREET ADDRESS 63 Rip Vista Rd
3.4 CITY-ST-ZIP ARCADIA FL 34266

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME E.L. Wilson
4.3 STREET ADDRESS P O Box 2133
4.4 CITY-ST-ZIP ARCADIA FL 34265

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:

Keith Keene
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/99
Date

Daytime Phone #

CR2F037-14198