

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000000015

1. Entity Name

ARCADIA LODGE, NUMBER 1524, BENEVOLENT AND
PROTECTIVE 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



01052004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0478967

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Keith Keene

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

(NOTE: Registered Agent signature required when reinstating)

6/1/04
DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILSON, LOUIS
STREET ADDRESS	PO BOX 2133
CITY - ST - ZIP	ARCADIA, FL 34265
TITLE	T
NAME	VICKERS, DEBBIE
STREET ADDRESS	34 GLENDORA CT
CITY - ST - ZIP	ARCADIA, FL 34266
TITLE	D
NAME	BISHOP, DAVID
STREET ADDRESS	PO BOX 110
CITY - ST - ZIP	ARCADIA, FL 34265
TITLE	D
NAME	GAUSE, CARL
STREET ADDRESS	2462 SW THIGPEN AVE.
CITY - ST - ZIP	ARCADIA, FL 34266
TITLE	S
NAME	KEENE, KEITH
STREET ADDRESS	615 WEST EFFIE STREET
CITY - ST - ZIP	ARCADIA, FL
TITLE	D
NAME	BURNS, BRIAN T
STREET ADDRESS	3662 N.W. CNTY RD, 661
CITY - ST - ZIP	ARCADIA, FL

U00000163969
07/07/04-80026-004 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Keith Keene Keith Keene

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/04
Date

863-993-4604
Daytime Phone #