

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004290

1. Corporation Name

J.A.NOTTAGE ELK LODGE #660, NOTTAGE ELK TEMPLE #
484, INC.

Principal Place of Business

828 MOODY ROAD
PALATKA FL 32177

Mailing Address

POST OFFICE BOX 1233
PALATKA FL 32178

FILED
May 21, 1999 8:00 am
Secretary of State

05-21-1999 90001 025 ****61.25

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2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt., #, etc.

22

Suite, Apt., #, etc.

27

City & State

23

City & State

28

Zip

24

Zip

29

Country

Country

30

3. Date Incorporated or Qualified

08/30/1994

4. FEI Number

59-3297923

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

9. Name and Address of Current Registered Agent

CUNNINGHAM, ERNESTINE
1000 OLD GAINESVILLE HWY
INTERLACHEN FL 32148

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERLONG, JAMES		1.2 NAME	
STREET ADDRESS	POST OFFICE BOX 22 N/A		1.3 STREET ADDRESS	
CITY-ST-ZIP	POMONA PARK FL 32181		1.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNER, WILSON		2.2 NAME	
STREET ADDRESS	411 NORTH 14TH STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177		2.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNNINGHAM, ERNESTINE		3.2 NAME	
STREET ADDRESS	RTE. 3 BOX 161		3.3 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL 32148		3.4. CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, GENEVA		4.2 NAME	
STREET ADDRESS	828 MOODY ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177		4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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: *Ernestine Cunningham* *5/11/99 (904) 684-4103*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1198)