

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

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

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**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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/30/1994

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3297923

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New 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** ☐ DELETE

NAME **HERLONG, JAMES**  
STREET ADDRESS **POST OFFICE BOX 22 N/A**  
CITY-ST-ZIP **POMONA PARK FL 32181**

1.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **BARNER, WILSON**  
STREET ADDRESS **411 NORTH 14TH STREET**  
CITY-ST-ZIP **PALATKA FL 32177**

1.2 NAME ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **CUNNINGHAM, ERNESTINE**  
STREET ADDRESS **RTE. 3 BOX 161**  
CITY-ST-ZIP **INTERLACHEN FL 32148**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE **S** ☐ DELETE

NAME **ANDERSON, GENEVA**  
STREET ADDRESS **828 MOODY ROAD**  
CITY-ST-ZIP **PALATKA FL 32177**

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS  
2.4 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

SIGNATURE

SIGNATURE

SIGNATURE

Date

Daytime Phone #

CR2E037 (11/98)