

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 20 1996 8:00 am  
Secretary of State

DOCUMENT # N95000000752 (4)

1. Corporation Name

BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE U  
NITED STATES OF AMERICA TALLAHASSEE LODGE NO. 93



Principal Place of Business

Mailing Address

276 NORTH MAGNOLIA DR.  
TALLAHASSEE FL 32301

276 NORTH MAGNOLIA DR.  
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

02/15/1995

3a. Date of Last Report

2/15/95

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-0232985

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENLEY, LARRY  
221 EAST SIXTH AVE.  
TALLAHASSEE FL 32303

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	WALDEN, TOM	
STREET ADDRESS	276 NORTH MAGNOLIA DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SENER, WALLY	
STREET ADDRESS	276 NORTH MAGNOLIA DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BEAUDOIN, MIKE	
STREET ADDRESS	276 NORTH MAGNOLIA DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WITZLEBEN, EUGENE	
STREET ADDRESS	276 NORTH MAGNOLIA DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P	Keith ROSENBERG	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS		276 No. MAGNOLIA DR.	
1.4 CITY-ST-ZIP		TALLAHASSEE, FL 32301	
2.1 TITLE	S	DONALD KAHN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS		276 No. MAGNOLIA DR.	
2.4 CITY-ST-ZIP		TALLAHASSEE, FL 32301	
3.1 TITLE	C/D	E.C. SHREVE, JR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS		276 No. MAGNOLIA DR.	
3.4 CITY-ST-ZIP		TALLAHASSEE, FL 32301	
4.1 TITLE	D	BLAINE YOSE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS		276 No. MAGNOLIA DR.	
4.4 CITY-ST-ZIP		TALLAHASSEE, FL 32301	
5.1 TITLE	D	DONALD REEVES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS		276 No. MAGNOLIA DR.	
5.4 CITY-ST-ZIP		TALLAHASSEE, FL 32301	
6.1 TITLE			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		800001869918	
6.3 STREET ADDRESS		-06/20/96--01063--044	
6.4 CITY-ST-ZIP		***61.25	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (3/96)