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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N95000002364 (6)**

1. Corporation Name

HOLLEY NAVARRE LODGE NO. 2787 OF THE BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATE

Principal Place of Business	Mailing Address
2002 ELKS WAY NAVARRE FL 32566-2108 US	P.O. BOX 5387 NAVARRE FL 32566-0387

3. Date Incorporated or Qualified: **05/15/1995**
3a. Date of Last Report: **03/22/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-3311842** ☐ 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**

ALLEN, SR. LEO C.
10009 CELESTINO
NAVARRE FL 32566

10. **Name and Address of New Registered Agent**

81 Name: James L. White
82 Street Address (P.O. Box Number is Not Acceptable): 1794 Thresher Drive
83:
84 City: Navarre **FL** 85 Zip Code: 32566-7519

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: _____ James L. White 11 March 97
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	P	☒ DELETE	1.1 TITLE	Exalter Ruler (P)	☒ Change ☐ Addition
NAME	ALLEN SR., ELO C.		1.2 NAME	James L. White	
STREET ADDRESS	10009 CELESTION		1.3 STREET ADDRESS	1794 Thresher Dr.	
CITY-ST-ZIP	NAVARRE FL		1.4 CITY-ST-ZIP	Navarre, FL 32566-7519	
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SZAREK, ROBRT M.		2.2 NAME		
STREET ADDRESS	1740 SHELLFISH DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAVARRE FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	Esteemed Loyal Knight (D)	☒ Change ☐ Addition
NAME	THOMAS KWVIN W.		3.2 NAME	Kenneth E. Poulter	
STREET ADDRESS	6815 AVENIDA DE GALVEZ		3.3 STREET ADDRESS	4860 Soundside Dr.	
CITY-ST-ZIP	NAVARRE FL		3.4 CITY-ST-ZIP	Gulf Breeze, FL 32561-8916	
TITLE	D	☒ DELETE	4.1 TITLE	Esteemed Lecturing Knight (D)	☒ Change ☐ Addition
NAME	MCCABE, DANIEL F.		4.2 NAME	Charlene M. Lynn	
STREET ADDRESS	2802 AUGUSTUS ROAD		4.3 STREET ADDRESS	4869 Soundside Dr.	
CITY-ST-ZIP	NAVARRE FL		4.4 CITY-ST-ZIP	Gulf Breeze, FL 32561-8916	
TITLE	D	☒ DELETE	5.1 TITLE	5 Year Trustee (D)	☒ Change ☐ Addition
NAME	FIX, JAMES A.		5.2 NAME	Stephan N. Kennedy	
STREET ADDRESS	7275 ALBATROSS DRIVE		5.3 STREET ADDRESS	2060 Buckley Dr.	
CITY-ST-ZIP	NAVARRE FL		5.4 CITY-ST-ZIP	Navarre, FL 32566-2900	
TITLE	D	☒ DELETE	6.1 TITLE	4 Year Trustee (D)	☒ Change ☐ Addition
NAME	PHILLIPS, HERBERT A.		6.2 NAME	Daisy S. Harper	
STREET ADDRESS	1340 BAYSHORE TERRACE		6.3 STREET ADDRESS	2717 Midland Park Dr.	
CITY-ST-ZIP	GULF BREEZE FL		6.4 CITY-ST-ZIP	Pensacola, FL 32526-8978	

CR2E037 (9/96)

14. I do 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.

SIGNATURE: _____ James L. White 11 Mar 97 (904) 883-1093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0074308