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
Apr 23, 1999 8:00 am
Secretary of State
04-23-1999 90239 046 ****61.25

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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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/15/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3311842 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip Country 24 25	Zip Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SZAREK, ROBERT M
1740 SHELLFISH DR
NAVARRE FL 32566

10. Name and Address of New Registered Agent

81 Name: Mary C. Lynn
82 Street Address (P.O. Box Number is Not Acceptable): 4860 Soundside Drive
83
84 City: Gulf Breeze **FL** 85 Zip Code: 32561

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: Mary C. Lynn Exalted Ruler — 17 Apr 99
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	VP	☒ DELETE	1.1 TITLE	Turstee Chairman D	☒ Change ☐ Addition
NAME	CALHOUN, STEVEN		1.2 NAME	Leo C. Allen Sr.	
STREET ADDRESS	501 MILLS STREET		1.3 STREET ADDRESS	10009 Calle De Celestine	
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP	Navarre, FL 32566	
TITLE	P	☒ DELETE	2.1 TITLE	Treasurer T	☒ Change ☐ Addition
NAME	SZAREK, ROBRT M.		2.2 NAME	J. C. Yates	
STREET ADDRESS	1740 SHELLFISH DRIVE		2.3 STREET ADDRESS	3034 Westfield Rd.	
CITY-ST-ZIP	NAVARRE FL		2.4 CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE	D	☒ DELETE	3.1 TITLE	Secretary S	☒ Change ☐ Addition
NAME	OFFENBORN, HANS P		3.2 NAME	James L. White	
STREET ADDRESS	1767 WEST SMUGGLERS COVE DR		3.3 STREET ADDRESS	1794 Thresher Drive	
CITY-ST-ZIP	GULF BREEZE FL		3.4 CITY-ST-ZIP	Navarre, FL 32566	
TITLE	D	☒ DELETE	4.1 TITLE	Leading Knight VP	☒ Change ☐ Addition
NAME	CAMPBELL, EDWARD M		4. 2 NAME	Richard Mase	
STREET ADDRESS	9000 DEER LANE		4.3 STREET ADDRESS	2484 Cresentwood Rd.	
CITY-ST-ZIP	NAVARRE FL		4.4 CITY-ST-ZIP	Navarre, FL 32566	
TITLE	D	☒ DELETE	5.1 TITLE	Loyal Knight D	☒ Change ☐ Addition
NAME	ALLEN, LEO C		5.2 NAME	Toby Griner	
STREET ADDRESS	10009 CALLE DE CELESTINO		5.3 STREET ADDRESS	6464 Avenida De Galvez	
CITY-ST-ZIP	NAVARRE FL		5.4 CITY-ST-ZIP	Navarre, FL 32566	
TITLE	D	☒ DELETE	6.1 TITLE	Lecturing Knight D	☒ Change ☐ Addition
NAME	HARPER, DAISY S		6.2 NAME	James E. Johnson	
STREET ADDRESS	2717 MIDLAND PARK DR		6.3 STREET ADDRESS	3994 Spanish Moss Cove	
CITY-ST-ZIP	PENSACOLA FL		6.4 CITY-ST-ZIP	Gulf Breeze, FL 32561	

CR2E037 (11/98)

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: James E. White Secretary — 17 Apr 99 — (850) 883-1093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

REQUIRED