

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004373 (5)

1. Corporation Name

WAUCHULA LODGE, NO. 1700, BENEVOLENT AND PROTECT
IVE ORDER OF ELKS OF THE UNITED STATES OF AMERIC

Principal Place of Business

318 WEST MAIN STREET
WAUCHULA FL 33873

Mailing Address

318 WEST MAIN STREET
WAUCHULA FL 33873



3. Date Incorporated or Qualified
09/13/1995

3a. Date of Last Report
9-13-95

4. FEI Number

☒ 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

WALDRON, GERALD
318 WEST MAIN STREET
WAUCHULA FL 33873

10. Name and Address of New Registered Agent

81 Name RAMON DISHARON
82 Street Address (P.O. Box Number is Not Applicable)
318 W MAIN ST
83
84 City Wauchula FL 85 Zip Code 33873

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 RAMON DISHARON

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

6-12-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	WALDRON, GERALD G	212 NORTH 1ST AVENUE	WAUCHULA FL 33873	<input type="checkbox"/>
D	CHOQUETTE, RENE'	C. H. GRIFFIN ROAD	WAUCHULA FL 33873	<input type="checkbox"/>
D	CONLEY, ROGER K	1059 HANCHEY ROAD	WAUCHULA FL 33873	<input type="checkbox"/>
D	SPOON, MICHAEL A	709 EAST OAK STREET	WAUCHULA FL 33873	<input checked="" type="checkbox"/>
D	GILL, BOB P.E.R.	NE LOCKMILLER ROA	ZOLOFO SPRINGS FL 33834	<input type="checkbox"/>
D	SMITH, JACK D	117 GYPRESS STREET	WAUCHULA FL 33873	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>

D TOM SCOTT
116 TIREWATER DR
LAKE PLOID, FL. 33825

D JACK O SMITH
315 RIVERSIDE DR
WAUCHULA FL 33873 2417

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)