


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 <b>318 WEST MAIN STREET WAUCHULA FL 33873</b>	Mailing Address <b>318 WEST MAIN STREET WAUCHULA FL 33873-2824</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		3. Date Incorporated or Qualified <b>09/13/1995</b>		3a. Date of Last Report <b>06/18/1996</b>	
4. FEI Number <b>APPLIED FOR</b>		45-0760435		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>		5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>RAMON DISHARON 318 WEST MAIN STREET WAUCHULA FL 33873</b>				10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code			
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALDRON, GERALD G</b>	1.2 NAME	
STREET ADDRESS	<b>212 NORTH 1ST AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WAUCHULA FL 33873</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHOQUETTE, RENE'</b>	2.2 NAME	
STREET ADDRESS	<b>C. H. GRIFFIN ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WAUCHULA FL 33873</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CONLEY, ROGER K</b>	3.2 NAME	
STREET ADDRESS	<b>1059 HANCHEY ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WAUCHULA FL 33873</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOM SCOTTI</b>	4.2 NAME	<b>Lanora Hooten</b>
STREET ADDRESS	<b>116 TIDEWATER DR.</b>	4.3 STREET ADDRESS	<b>P.O. Box 715</b>
CITY-ST-ZIP	<b>LAKE PLACID FL</b>	4.4 CITY-ST-ZIP	<b>Wauchula, Fla. 33873</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GILL, BOB P.E.R.</b>	5.2 NAME	
STREET ADDRESS	<b>NE LOCKMILLER ROA</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ZOLOFO SPRINGS FL 33834</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, JACK D</b>	6.2 NAME	
STREET ADDRESS	<b>315 RIVERSIDE DR.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WAUCHULA FL</b>	6.4 CITY-ST-ZIP	

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.

CR2E037 (9/96)