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Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam, 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

Mailing Address

318 WEST MAIN STREET
WAUCHULA FL 33873

318 WEST MAIN STREET
WAUCHULA FL 33873

3. Date Incorporated or Qualified

09/13/1995

4. FEI Number

65-0760435

Applied For

Not Applicable

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

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAMON DISHARON
318 WEST MAIN STREET
WAUCHULA FL 33873

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-7-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME WALDRON, GERALD G
STREET ADDRESS 212 NORTH 1ST AVENUE
CITY-ST-ZIP WAUCHULA FL 33873

TITLE D ☒ DELETE

NAME CHOQUETTE, RENE'
STREET ADDRESS C. H. GRIFFIN ROAD
CITY-ST-ZIP WAUCHULA FL 33873

TITLE D ☒ DELETE

NAME CONLEY, ROGER K
STREET ADDRESS 1059 HANCHEY ROAD
CITY-ST-ZIP WAUCHULA FL 33873

TITLE D ☐ DELETE

NAME HOOTEN, LENORA
STREET ADDRESS PO BOX 715
CITY-ST-ZIP WAUCHULA FL

TITLE D ☐ DELETE

NAME GILL, BOB P.E.R.
STREET ADDRESS NE LOCKMILLER ROA
CITY-ST-ZIP ZOLOFO SPRINGS FL 33834

TITLE D ☐ DELETE

NAME SMITH, JACK D
STREET ADDRESS 315 RIVERSIDE DR.
CITY-ST-ZIP WAUCHULA FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

Ramon Disharon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 941-773-4652

CR2E037 (10/97)