

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000004373

1. Entity Name
**WAUCHULA LODGE, NO. 1700, BENEVOLENT AND
PROTECTIVE 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**



04282004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1090951	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DISHARON, RAMON
318 WEST MAIN STREET
WAUCHULA, FL 33873**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DISHARON, RAMON 318 W MAIN ST WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOTEN, LENORA PO BOX 715 WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DISHARON, WANDA PO BOX 715 WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GILL, BOB P NE LOCKMILLER ROAD ZOLFO SPRINGS, FL 33890
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, HELEN PO BOX 114 ZOLOFO SPRINGS, FL 33890
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRESCOTT, BEDFORD P.O. BOX 52 WAUCHULA, FL 33873

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IN THIS SPACE**

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

4-28-04 863-773-9656
Date Daytime Phone #