2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000004373

1. Entity Name

WAUCHULA LODGE, NO. 1700, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES

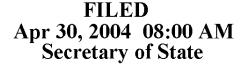
OF AMERIC

Principal Place of Business

318 WEST MAIN STREET WAUCHULA, FL 33873

Mailing Address

318 WEST MAIN STREET WAUCHULA, FL 33873





DO NOT WRITE IN THIS SPACE

04282004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For S9-1090951 Not Applied bis \$8.75 Additional

6. Name and Address of Current Registered Agent

DISHAROON, 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.				d Agent signature required when roinstating) DATE		
	Filing Fee is \$61.25 Due by May 1, 2004	Election Campaign Finan Trust Fund Cantribution	cing 🔲	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DISHAROON, RAMON 318 W MAIN ST WAUCHULA, FL 33873		Orthograph (1880) (1995) Oran (1996) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986)			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOTEN, LENORA PO BOX 715 WAUCHULA, FL 33873					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DISHAROON, WANDA PO BOX 715 WAUCHULA, FL 33873			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GILL, BOB P NE LOCKMILLER ROAD ZOLFO SPRINGS, FL 33890				THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, HELEN PO BOX 114 ZOLOFO SPRINGS, FL 33890			00504370		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRESCOTT, BEDFORD P.O. BOX 52 WAUCHULA, FL 33873					

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, it 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 my han address, with all other like empowered.

SIGNATURE: __/\(\)

SIGNATURE AND TYPED ON FRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

4-28-64 863-773-96

Daytime Phone #