

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90227 019 ****61.25

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1. Corporation Name

LADY LAKE ELKS LODGE, NO. 2793 BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF A

Principal Place of Business

P. O. BOX 0460
LADY LAKE FL 32158-0460

Mailing Address

P. O. BOX 0460
LADY LAKE FL 32158-0460



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

08/08/1996

4. FEI Number

05-2249306

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

9. Name and Address of Current Registered Agent

MILLHORN, MICHAEL D ESQ.
10935 S.E. 177TH PLACE
SUITE 204
SUMMERFIELD FL 34491

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE	ER	<input type="checkbox"/> DELETE
NAME	BILL L MCCROCKLIN P.E.R.	
STREET ADDRESS	1253 GRANADA CT	
CITY-ST-ZIP	LADYLAKE FL 32159	
TITLE	ELK	<input type="checkbox"/> DELETE
NAME	DONALD C DIAMANT	
STREET ADDRESS	529 TARRSON BLVD	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	ELK	<input type="checkbox"/> DELETE
NAME	HARRY B FISHPAUGH	
STREET ADDRESS	25025 BETTON HILL	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	OLSEN, VICTOR N	
STREET ADDRESS	913 ST ANDREWS BLVD	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HART, THOMAS F	
STREET ADDRESS	804 MIRANDA WAY	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SAREDY, JACOB J	
STREET ADDRESS	69 ROSE DR	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	T Guy B. Misuraca
4.3 STREET ADDRESS	907 Cajon Ct.
4.4 CITY-ST-ZIP	Lady Lake, FL 32159
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	William T. Connolly P.E.R.
6.3 STREET ADDRESS	33922 Picciola Dr.
6.4 CITY-ST-ZIP	Fruitland Park, FL 34731

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-99

Date

352-750-1172

Daytime Phone #

CR2E037 (11/98)