

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90039 050 ****75.00

DOCUMENT # N98000004241

1. Entity Name

**PANAMA CITY ELKS LODGE, NO 1598 BENEVOLENT
AND PROTECTIVE ORDER OF ELKS OF THE UNITED**



Principal Place of Business

**101 W BEACH DRIVE
PANAMA CITY FL 32401**

Mailing Address

**P.O. BOX 190
PANAMA CITY FL 32402**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-1094850

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOYNER, JOHN
101 BEACH DRIVE
PANAMA CITY FL 32401**

Name

Vester A. Jacques

Street Address (P.O. Box Number is Not Acceptable)

101 W. Beach Dr

Panama City, FL 32401

City

Panama City

FL

Zip Code
32401

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE **S** ☒ Delete
NAME **MYERS, CHARLES E**
STREET ADDRESS **2318 MAYFIELD CT.**
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE ☒ Change ☐ Addition
NAME **John Joyner**
STREET ADDRESS **3710 Conwick Dr**
CITY-ST-ZIP **Panama City, FL 32409**

TITLE **D** ☐ Delete
NAME **LEVINS, JOE**
STREET ADDRESS **4326 HUCKLEBERRY LANE**
CITY-ST-ZIP **PANAMA CITY FL 32409**

TITLE ☒ Change ☐ Addition
NAME **Arthur G. Platts**
STREET ADDRESS **1201 E. Park St.**
CITY-ST-ZIP **Panama City, FL 32404**

TITLE **D** ☐ Delete
NAME **SANTOS, PAUL**
STREET ADDRESS **4406 BROOK FOREST DRIVE**
CITY-ST-ZIP **PANAMA CITY FL 32404**

TITLE ☒ Change ☐ Addition
NAME **Martin Hogan**
STREET ADDRESS **2525-D Cypress St.**
CITY-ST-ZIP **Panama City Bch, FL 32408**

TITLE **D** ☒ Delete
NAME **DUKE, HUGH**
STREET ADDRESS **2807 AGNES SCOTT DRIVE**
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **COOK, TED**
STREET ADDRESS **527 BLUE HERON DRIVE**
CITY-ST-ZIP **PANAMA CITY FL 32404**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Martin Hogan, Walter Ruler April 13, 2004 850 234-2935