

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 08, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N98000004241**

1. Entity Name  
**PANAMA CITY ELKS LODGE, NO 1598 BENEVOLENT  
AND PROTECTIVE ORDER OF ELKS OF THE UNITED  
STATES OF**



Principal Place of Business  
**101 W BEACH DRIVE  
PANAMA CITY, FL 32401**

Mailing Address  
**P.O. BOX 190  
PANAMA CITY, FL 32402**

**DO NOT WRITE IN THIS SPACE**



07042007 No Chg-NP

CR2E037 (4/06)

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**

**PAGE, JAMES G  
101 W BEACH DR  
PANAMA CITY, FL 32401**

**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 **JAMES G. PAGE**

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

(NOTE: Registered Agent signature required when reinstating)

**7-24-07**  
DATE

**Filing Fee is \$61.25  
Due by September 14, 2007**

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  
**TR  
JOYNER, JOHN  
2905 TUPELO DR  
PANAMA CITY, FL 32405**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SPARK, RALPH  
319 ALEXANDER DR  
LYNN HAVEN, FL 32444**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TR  
HOGAN, MARTIN  
2638 ARPANA CIR  
ALFORD, FL 32420**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TR  
LEVIN, JOE  
PO BOX 779  
LYNN HAVEN, FL 32444**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
FRETWELL, MAX  
2109 W. 29TH ST  
PANAMA CITY, FL 32405**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000771678  
08/08/07-80002-013 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-24-07 850-769-1598**  
Date Daytime Phone #