

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90092 034 \*\*\*\*70.00

**DOCUMENT # N98000004241**



**1. Entity Name**  
**PANAMA CITY ELKS LODGE, NO 1598 BENEVOLENT AND P  
ROTECTIVE 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**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**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**

**JACQUES, VESTER A  
101 W BEACH DRIVE  
PANAMA CITY FL 32401**

Name **John Joyner**

Street Address (P.O. Box Number is Ngt Acceptable)  
**101 Beach Drive**

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 *John T. Joyner*  
Signature, typed or printed name of registered agent and title if applicable.

(John T. Joyner)

4-11-03

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**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 **D** ☒ Delete  
NAME **FAHLGREN, ROBERT P**  
STREET ADDRESS **1806 VERMONT AVE**  
CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE **S** ☒ Change ☐ Addition  
NAME **Charles E. Myers**  
STREET ADDRESS **2318 Mayfield Ct.**  
CITY-ST-ZIP **Panama City, FL 32405**

TITLE **PD** ☒ Delete  
NAME **HOGAN, MARTIN F**  
STREET ADDRESS **2525-D CYPRESS ST**  
CITY-ST-ZIP **PANAMA CITY FL 32408**

TITLE **D** ☒ Change ☐ Addition  
NAME **Joe Levins**  
STREET ADDRESS **4326 Huckleberry Lane**  
CITY-ST-ZIP **Panama City, FL 32409**

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

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

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 **SD** ☒ Delete  
NAME **JACQUES, VESTER A**  
STREET ADDRESS **224 N MACARTHUR AVE**  
CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE **D** ☒ Change ☐ Addition  
NAME **Ted Cook**  
STREET ADDRESS **527 Blue Heron Drive**  
CITY-ST-ZIP **Panama City, FL 32404**

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: *John T. Joyner* (John T. Joyner)

4-11-03

850-769-1598

CR2E037 (10/02)