

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000007177

1. Entity Name
**WAUCHULA ELKS LODGE #1700 SCHOLARSHIP FUND,
INC.**



Principal Place of Business
**318 W MAIN ST
WAUCHULA, FL 33873**

Mailing Address
**318 W MAIN ST
WAUCHULA, FL 33873**



04282004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1090957

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DISHAROON, RAMON
318 W MAIN ST
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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BAILEY, WALTER P
STREET ADDRESS 1260 NW KNOLLWOOD CIR
CITY-ST-ZIP WAUCHULA, FL 33873

TITLE VD
NAME GILL, ROBERT L
STREET ADDRESS NE LOCKMILLER RD
CITY-ST-ZIP ZOLFO SPRINGS, FL 33890

TITLE STD
NAME UNDERWOOD, THOMAS C
STREET ADDRESS 302 AZALEA HILL
CITY-ST-ZIP WAUCHULA, FL 33873

TITLE D
NAME PRESCOTT, BEDFORD
STREET ADDRESS MYRTLE DR
CITY-ST-ZIP WAUCHULA, FL 33873

TITLE D
NAME KAPUSTA, JERRY
STREET ADDRESS 302 AZALEA HILL
CITY-ST-ZIP WAUCHULA, FL 33873

TITLE S
NAME DISHAREON, RAMON R
STREET ADDRESS 301 N 9TH AVE
CITY-ST-ZIP WAUCHULA, FL 33873

U000000142965
04/30/04-80072-020 61.25

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IN THIS SPACE**

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

4-28-04 863-773-9684

Date

Daytime Phone #