


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N99000007177</b>						<b>05 JUN 13 PM 3:54</b> FOR THE STATE TREASURER OF FLORIDA	
<b>1. Entity Name</b> WAUCHULA ELKS LODGE #1700 SCHOLARSHIP FUND, INC.				<b>Principal Place of Business</b> 318 W MAIN ST WAUCHULA, FL 33873			
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.				<b>3. Mailing Address</b> Suite, Apt. #, etc.			
<b>City &amp; State</b>				<b>City &amp; State</b>			
<b>Zip</b>		<b>Country</b>		<b>Zip</b>		<b>Country</b>	
<b>6. Name and Address of Current Registered Agent</b> DISHAROON, RAMON 318 W MAIN ST WAUCHULA, FL 33873				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
<b>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.</b>							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>				<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input checked="" type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> BAILEY, WALTER P 1260 NW KNOLLWOOD CIR WAUCHULA, FL 33873			<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> GILL, ROBERT L NE LOCKMILLER RD ZOLFO SPRINGS, FL 33890			<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400056300214 06/17/05--01029--023 **130.00		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> UNDERWOOD, THOMAS C 302 AZALEA HILL AAUCHULA, FL-33873			<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Wanda Disharoon 301 North 9th Ave Wauchula, FL-33873		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> PRESCOTT, BEDFORD MYRTLE DR WAUCHULA, FL 33873			<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition John Woodbuan P.O. Box 1913 Wauchula, FL-33873		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> KAPUSTA, JERRY 302 AZALEA HILL WAUCHULA, FL 33873			<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> DISHAREON, RAMON R 301 N 9TH AVE WAUCHULA, FL 33873			<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>							
<b>SIGNATURE:</b> <i>Ramon Disharoon</i> <i>Ramon Disharoon</i> 6-4-05 863-783-9654 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							