

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90282 008 ****61.25

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**

20021393



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03212006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-1090957

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**DISHAREON, RAMON
318 W MAIN ST
WAUCHULA, FL 33873**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Ramon Dishareon *Ramon Dishareon* *3-21-06*

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, 2006**

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

TITLE PD ☐ Delete
NAME ~~BAILEY, WALTER P.~~
STREET ADDRESS ~~4260 NW KNOLLWOOD CIR.~~
CITY-STATE-ZIP ~~WAUCHULA, FL 33873~~

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

TITLE STD ☐ Delete
NAME DISHAREON, RAMON R
STREET ADDRESS 301 NORTH 9TH AVENUE
CITY-STATE-ZIP WAUCHULA, FL 33873

TITLE D ☐ Delete
NAME WOODBURN, JOHN
STREET ADDRESS POST OFFICE BOX 1913
CITY-STATE-ZIP WAUCHULA, FL 33873

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME *Donita Cantile*
STREET ADDRESS *P.O. Box 984*
CITY-STATE-ZIP *Wauchula, Fla. 33873*

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

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

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

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:

Ramon Dishareon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-06 *862-773-9654*
Date Daytime Phone #