

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State

04-30-2007 90798 001 ***122.50

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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**



03162007 No Chg-NP

CR2E037 (4/06)

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

~~JOHN M. WOODBURN~~ John M. Woodburn
**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 renewing)

DATE

**Filing Fee is \$61.25
Due by May 1, 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	PD SAM LESTER DONNA Gainous, Martin PO BOX 1913 1778 Dena Circle WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VD GILL, ROBERT L NE LOCKMILLER RD ZOLFO SPRINGS, FL 33890
TITLE NAME STREET ADDRESS CITY-ST- ZIP	STD JOHN M. WOODBURN Smith, Jack 301 NORTH 17TH AVENUE 345 Circle Dr. WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D WOODBURN JOHN Crider, Chris PO BOX 1913 4118 Santiago St. WAUCHULA, FL 33873 XXXXXX Sebring, FL 33872
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D KAPUSTA, JERRY PO BOX 1913 182 Myrtle Dr WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST- ZIP	S JOHN M. WOODBURN Woodburn, John M. 301 NORTH 17TH AVENUE P.O. Box 1913 WAUCHULA, FL 33873

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. Woodburn John M. Woodburn

4607

Date

863-781 3160

Daytime Phone #