

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90146 001 \*\*\*122.50

<b>DOCUMENT # N99000007177</b>					
<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>Mailing Address</b> 318 W MAIN ST WAUCHULA, FL 33873		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-1090957	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  DISHARON, 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 <span style="float: right;">FL</span> Zip Code		
<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 _____ (NOTE: Registered Agent signature required when reappointing) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input 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> GAINOUS, MARTIN 1778 DENA CIRCLE WAUCHULA, FL 33873	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> GILL, ROBERT L NE LOCKMILLER RD ZOLFO SPRINGS, FL 33890	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> SMITH, JACK 345 CIRCLE DR WAUCHULA, FL 33873	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> CRIDER, CHRIS 4118 SANTIAGO ST SEBRING, FL 33872	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> KAPUSTA, JERRY 182 MYRTLE DR WAUCHULA, FL 33873	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> WOODBURN, JOHN M P.O. BOX 1913 WAUCHULA, FL 33873	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> Thomas Crider 4118 Santiago St. Sebring, FL 33872	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> Homer O. Leigh P.O. Box 609 Zolfo Springs, FL 33890	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> Homer O. Leigh P.O. Box 609 Zolfo Springs, FL 33890	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> <u>Thomas W. Crider</u> <span style="float: right;">3/29/08</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					
THOMAS W. CRIDER					