## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

701196

(8)

## HOLLYWOOD LODGE NO 1732, BENEVOLENT AND PROTECTI VE ORDER OF ELKS OF THE UNITED STATES OF AMERICA

Principal Place of Business		Mailing Address		) tangun indin malah ilang tidin salih dibit dabih dibit mikit mikit mikit mikit mikit mikit mikit mikit mikit			
ECTIVE ORDER OF ELKS OF TH U.S. OF AMERICA 1308 S FEDERAL HWY HOLLYWOOD FL 33020		ECTIVE ORDER OF ELKS OF TH U.S. OF AMERICA 1308 \$ FEDERAL HWY HOLLYWOOD FL 33020		3. Date Incorporated or Qualified			
				07/14/1960 4. FEI Number		antiad Car	
						· · · · · · · · · · · · · · · · ·	oplied For ot Applicable
2. Principal Place of Business		2a. Mailing Address		59-0574520			
21		26 6282 WINEIELD BIJD		6. Certificate of Status Desired	•	Additional equited	
Surie, Api. W. etc.		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00		
22		27 MARGISTE, FORIOIA		Trust Fund Contribution	Added to		
I City & State		City & State		7. Is this nonprofit corporation a homeowi		ก?	
23		28 33063		☐ Yes 😡 No			
Zip	Country	Zip	Country		B. This corporation owes or has paid the example of the corporation		
24 25		29 30		Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							
I MARIAN MANDEL.							
	Y, JAMES	62 Street Addre		ss (P.O. Box Number is Not Acceptable)			
l	ETCHER ST #2		83	0	282 WINFIELD B	NO	<del></del>
HOLLYWOOD FL 33020  [83]  MARGATE							
[				M	Algane F	L 85 Zip	3063
11. Pursuant to the provisions of Soctions 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am (amiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
agent. I am familiar with, and accord the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  3-10-98							
	Signal e. typed or printed name of ingistered agent	and title if applicable (NOTE: R	legistered Agent signature	required	when reinstating) DATE		
12.	OFFICERS AND		13.	·	ADDITIONS/CHANGES TO OFFICERS A		
TIFLE	P	( DELETE	1.1 TITLE	TR/	D N. 30-1	Change	<b>△</b> Addition
NAME	MEUNIER, EMILE F		1.2 NAME	No	SEMAN MANOEL		
STREET ADDRESS	19400 NE 22ND AVE	/	1.3 STREET ADDRESS	167	82 MINHEID DAG		
CITY-ST-ZIP	AVENTURA FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		ARGATE, FL. 33063	Change	Addition
TITLE	D CEDIAAN MUEC	C OLLEIC		TK	2/D	C Onlarige	Za Abomon
NAME OTRICE ADDRESS	Seriani, jules 1420 Sheridan St		2.2 NAME 2.3 STREET ADDRESS	JA	MES L. KERSHAW		
STREET ADDRESS	HOLLYWOOD FL	,		24	91 N. ANDREWS AUE		,
CITY-ST-ZIP TITLE	D TOLLINGOD PL	☑ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	TR	LAUNECOAIG, FL. 33311	Change	Addition
NAME	GUGLIEAMI, TONY	CO occine	3.2 NAME	D.	UGLAS RILVPISELL	onlings	E Noomon
STREET ADDRESS	2200 PARK LANE		3.3 STREET ADDRESS	69	of SIN 6th STREET		
	HOLLYWOOD FL	/		Pr	MBROKE PINES, FL, 33023		
CITY-ST-ZIP TITLE	D TOLLINGOUTE	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	10	TOTAL TIMES TO TOTAL CONTRACTOR	Change	Addition
NAME	VICKERS, JOSEPH		4. 2 NAME				
STREET ADDRESS	5100 WASHINGTON ST		4.3 STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL	/	4.4 CITY-ST-ZIP	)			
TITLE	7	DELETE	5.1 TITLE			Change	Addition
NAME	HUGHES, WALTER	_	5.2 NAME				_
STREET ADDRESS	350 174TH ST		5.3 STREET ADDRESS				
CITY-ST-ZIP	N MIAMI BCH FL	/	5.4 CITY-ST-ZIP				
TITLE	\$	<b>▼</b> DELETE	6.1 TITLE			Change	Addition
NAME	KENNEDY, JAMES		6.2 NAME				
STREET ADDRESS	1734 FLETCHER ST #2		6.3 STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL		6.4 CITY - ST - ZIP				
14. Thereby c	ertify that the information supplied with		he exemption state		ection 119.07(3)(i), Florida Statutes. I further		
indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.							
010NATURE 310 AL ALL 310 ALl 3							

**SIGNATURE:** 

**FILED** 

Mar 24 1998 8:00am

Secretary of State

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