SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
**Jul 12, 1999 8:00 am**
**Secretary of State**
07-12-1999 90015 019 ****70.00

0002925

DOCUMENT # 701196

1. Corporation Name

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

| Principal Place of Business | Mailing Address |
|---|---|
| ECTIVE ORDER OF ELKS OF TH U.S. OF AMERICA<br>1308 S FEDERAL HWY<br>HOLLYWOOD FL 33020 | 6282 WINFIELD BLVD<br>1308 S FEDERAL HWY<br>MARGATE FL 33063<br>US |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>1 6282 WINFIELD BLVD<br>Suite, Apt. #, etc.<br>2<br>City & State<br>3 MARGATE, FL.<br>Zip 4 33063 Country 25 BROWARD | 2a. Mailing Address<br>26 6282 WINFIELD BLVD.<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28 MARGATE, FL.<br>Zip 29 33063 Country 30 BROWARD | 3. Date Incorporated or Qualifed<br>07/14/1960<br>4. FEI Number<br>59-0574520 ☐ Applied For ☐ Not Applicable<br>5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

**9. Name and Address of Current Registered Agent**

MAWDEL, NORMAN
6282 WINFIELD BLVD
MARGATE FL 33063

**10. Name and Address of New Registered Agent**

81 Name MANDEL, NORMAN
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | TRD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MANDEL, NORMAN | | 1.2 NAME | | |
| STREET ADDRESS | 6282 WINFIELD BLVD | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MARGATE FL 33063 | | 1.4 CITY-ST-ZIP | | |
| TITLE | TRD | ☐ DELETE | 2.1 TITLE | | ☑ Change ☐ Addition |
| NAME | KERSHAW, JAMES L | | 2.2 NAME | | |
| STREET ADDRESS | 2691 N ANDREWS AVE | | 2.3 STREET ADDRESS | 2125 E. ATLANTIC BLVD | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33311 | | 2.4 CITY-ST-ZIP | POMPANO BEACH, FL 33062 | |
| TITLE | TRD | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LUPISELL, DOUGLAS R | | 3.2 NAME | | |
| STREET ADDRESS | 6901 SW 6TH STREET | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33023 | | 3.4. CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (5/99)

14. 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 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, with all other like empowered.

**SIGNATURE:** Norman Mandel SIGNATURE REQUIRED NORMAN MANDEL JULY 5, 1999 (954) 971-3956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #