2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 751630

Entity Name: MIAMI LODGE NO. 948, B.P.O. ELKS

FILED Sep 18, 2020 **Secretary of State** 2652113049CC

Current Principal Place of Business:

C/O LODGE SECRETARY 10301 S.W. 72ND ST MIAMI, FL 33173-3005

Current Mailing Address:

C/O LODGE SECRETARY 10301 S.W. 72ND ST MIAMI, FL 33173-3005 US

FEI Number: 59-0753041 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REKER, ALBERT 10301 SW 72 ST. MIAMI, FL 33173 US

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.

SIGNATURE: ALBERT REKER 09/18/2020

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title CHAIRMAN OF THE BOARD, VP

MUEHLFELD. JEFFREY A Name BANG, HAROLD WILLARD Name

Address C/O LODGE SECRETARY Address C/O LODGE SECRETARY

10301 S.W. 72ND ST 10301 S.W. 72ND ST

MIAMI FL 33173-3005 City-State-Zip: MIAMI FL 33173-3005 City-State-Zip:

Title **SECRETARY** Title DIRECTOR

BORSUK, PATRICIA Name GARNITZ, WILL Name

C/O LODGE SECRETARY C/O LODGE SECRETARY Address Address

> 10301 S.W. 72ND ST 10301 S.W. 72ND ST

MIAMI FL 33173-3005 MIAMI FL 33173-3005 City-State-Zip: City-State-Zip:

Title **TREASURER** Title DIRECTOR SIMPSON, H. RON MORIN, JOSE Name Name

C/O LODGE SECRETARY C/O LODGE SECRETARY Address Address

10301 S.W. 72ND ST 10301 S.W. 72ND ST

City-State-Zip: MIAMI FL 33173-3005 City-State-Zip: MIAMI FL 33173-3005

Title **DIRECTOR** Title DIRECTOR Name FRESNEDA, OTTO Name WAKE, BARRY

Address C/O LODGE SECRETARY Address C/O LODGE SECRETARY 10301 S.W. 72ND ST

10301 S.W. 72ND ST

City-State-Zip: MIAMI FL 33173-3005 City-State-Zip: MIAMI FL 33173-3005

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

09/18/2020 SIGNATURE: JEFFREY MUEHLFELD **PRESIDENT**