

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 701196 (8)

1. Corporation Name  
**HOLLYWOOD LODGE NO 1732, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA**



Principal Place of Business Mailing Address  
EFFECTIVE ORDER OF ELKS OF TH U.S. OF AMERICA 1308 S FEDERAL HWY HOLLYWOOD FL 33020  
EFFECTIVE ORDER OF ELKS OF TH U.S. OF AMERICA 1308 S FEDERAL HWY HOLLYWOOD FL 33020

3. Date Incorporated or Qualified 07/14/1960  
3a. Date of Last Report 04/18/1995  
4. FEI Number 59-0574520  
Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent  
**RODRIGUES, EUGENE  
2324 N 37TH AVE  
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent  
81 Name  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  |
|----------------------------|--|
| TITLE                      | P <input checked="" type="checkbox"/> DELETE |
| NAME                       | RIGSBEE, VERNON                              |
| STREET ADDRESS             | 9140 SW 56TH ST                              |
| CITY-ST-ZIP                | COOPER CITY FL                               |
| TITLE                      | D <input type="checkbox"/> DELETE            |
| NAME                       | SMITH, FELIX                                 |
| STREET ADDRESS             | 2100 N 31ST RD                               |
| CITY-ST-ZIP                | HOLLYWOOD FL                                 |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE |
| NAME                       | COPPOLA, DOMENICK                            |
| STREET ADDRESS             | 1409 HOLLYWOOD BLVD                          |
| CITY-ST-ZIP                | HOLLYWOOD FL 33020                           |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE |
| NAME                       | SCARCELLI, SAM                               |
| STREET ADDRESS             | 3741 FARRAGUT STREET                         |
| CITY-ST-ZIP                | HOLLYWOOD FL                                 |
| TITLE                      | D <input type="checkbox"/> DELETE            |
| NAME                       | VICKERS, JOSEPH                              |
| STREET ADDRESS             | 5100 WASHINGTON ST BLDG S 407                |
| CITY-ST-ZIP                | HOLLYWOOD FL                                 |
| TITLE                      | T <input checked="" type="checkbox"/> DELETE |
| NAME                       | JENNISON, ERNEST R                           |
| STREET ADDRESS             | 1109 BICJAMAM ST/                            |
| CITY-ST-ZIP                | HOLLYWOOD FL                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|
| 1.1 TITLE   | EXALTED RULER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  | JOSEPH TENORE  |
| 1.3 STREET ADDRESS                                    | 4100 N. 58 AVE   |
| 1.4 CITY-ST-ZIP                                       | HOLLYWOOD, FL. 33021   |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |
| 2.2 NAME  |  |
| 2.3 STREET ADDRESS                                    |  |
| 2.4 CITY-ST-ZIP                                       |  |
| 3.1 TITLE   | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition             |
| 3.2 NAME  | GONZALO ORSOLINI   |
| 3.3 STREET ADDRESS                                    | 3300 N.STATE RD 7  |
| 3.4 CITY-ST-ZIP                                       | HOLLYWOOD , FL.33021   |
| 4.1 TITLE   | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition             |
| 4.2 NAME  | RICHARD SCHREIER   |
| 4.3 STREET ADDRESS                                    | 1642 NW. 97 AVE,   |
| 4.4 CITY-ST-ZIP                                       | CORAL SPRINGS FL. 33071  |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |
| 5.2 NAME  |  |
| 5.3 STREET ADDRESS                                    |  |
| 5.4 CITY-ST-ZIP                                       |  |
| 6.1 TITLE   | T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition             |
| 6.2 NAME  | WALTER HUGHES  |
| 6.3 STREET ADDRESS                                    | 250-174th ST.  |
| 6.4 CITY-ST-ZIP                                       | N.MIAMI BEACH,FL. 33160  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Eugene Rodrigues 3-16-96 454-922-9950  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
EUGENE RODRIGUES

CPRE037 (12/95)