

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **709062** (4)

1. Corporation Name

**BELLEGLADE LODGE #1716 BENEVOLENT AND PROTECTIVE
ORDER OF THE UNITED STATES**

Principal Place of Business

**300 S.E. AVE. E
BELLE GLADE FL 33430**

Mailing Address

**300 S.E. AVE. E
BELLE GLADE FL 33430**



3. Date Incorporated or Qualified
06/01/1965

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCCARTHY, DENNIS
300 SE AVE E
BELLE GLADE FL 33430**

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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating!

2-16-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE

NAME **WILLIS, SUNNY**
STREET ADDRESS **208 NW AVE K**
CITY-ST-ZIP **BELLE GLADE FL**

TITLE **D** ☐ DELETE

NAME **ORSENIGO, JOE**
STREET ADDRESS **101 SE 7TH ST**
CITY-ST-ZIP **BELLE GLADE FL**

TITLE **S** ☐ DELETE

NAME **MCCARTHY, DENNIS J.**
STREET ADDRESS **988 SE 2ND STREET**
CITY-ST-ZIP **BELLE GLADE FL**

TITLE **D** ☐ DELETE

NAME **GILLIAM, CARL**
STREET ADDRESS **140 SE AVE**
CITY-ST-ZIP **BELLE GLADE FL**

TITLE **D** ☐ DELETE

NAME **DEXTER, VERNON**
STREET ADDRESS **333 SE AVE 4**
CITY-ST-ZIP **BELLE GLADE FL**

TITLE **D** ☐ DELETE

NAME **CONNAL, LORENZO**
STREET ADDRESS **101 NE 7TH ST**
CITY-ST-ZIP **BELLE GLADE FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P ☒ Change ☐ Addition
Carl SEIBERT, CARL
124 S.E. STREET N.
BELLE GLADE, FL.

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-21-96 996-1716

CR2E037 (12/95)