

FILE NOW: FILING FEE IS \$61.25

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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **709062** (4)

1. Corporation Name

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

Principal Place of Business

Mailing Address

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

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/01/1965	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-0567384		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

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	SEIBERT, CARL
82 Street Address (P.O. Box Number is Not Acceptable)	300 SE AVE E
83	
84 City	BELLE GLADE FL
85 Zip Code	33430

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 *Carl Seibert* (NOTE: Registered Agent signature required when reinstating) DATE **4-27-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEIBERT, CARL	1.2 NAME	
STREET ADDRESS	124 SE 6TH ST N	1.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORSENIGO, JOE	2.2 NAME	
STREET ADDRESS	101 SE 7TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCARTHY, DENNIS J.	3.2 NAME	CAROL S. COHRAN
STREET ADDRESS	988 SE 2ND STREET	3.3 STREET ADDRESS	300 SE AVE. E
CITY-ST-ZIP	BELLE GLADE FL	3.4 CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLIAM, CARL	4.2 NAME	
STREET ADDRESS	140 SE AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEXTER, VERNON	5.2 NAME	
STREET ADDRESS	333 SE AVE I	5.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIS, SUNNY	6.2 NAME	BUD WILSON
STREET ADDRESS	208 NW AVE K	6.3 STREET ADDRESS	138 SE 4th St.
CITY-ST-ZIP	BELLE GLADE FL	6.4 CITY-ST-ZIP	Belle Glade, FL 33430

14. I do 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.

SIGNATURE: *Carl Seibert* DATE: **4-27-97** DAYTIME PHONE: **561 996-1716**

CR2E037 (9/96)