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Apr 27 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

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

300 S.E. AVE. E P.O. Box 733
BELLE GLADE FL 33430 -0733



3. Date Incorporated or Qualified

06/01/1965

4. FEI Number

59-0567384

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 733

22 City & State

27 Belle Glade, FL

23 Zip Country

28 33430-0733 30 P. Beach

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEIBERT, CARL
300 S.E. 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 617.1506, 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)

DATE

4-13-98

12. OFFICERS AND DIRECTORS

TITLE S ☐ DELETE

NAME SEIBERT, CARL
STREET ADDRESS 124 SE 6TH ST N
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 T ☒ DELETE

NAME COHRAN, CAROL S
STREET ADDRESS 300 S.E. AVE. E.
CITY-ST-ZIP BELLE GLADE FL

TITLE P ☒ 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 I
CITY-ST-ZIP BELLE GLADE FL

TITLE D ☒ DELETE

NAME WILSON, BUD
STREET ADDRESS 138 S.W. 4TH ST
CITY-ST-ZIP BELLE GLADE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

BELLE GLADE FL

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

JOHNSON, Kathy
317 NE 3RD ST.

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

RAY TOWELL
956 NW 4TH ST.
BELLE GLADE, FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

WAYNE CARTER
1375 W. CANAL ST., NORTH
Belle GLADE, FL

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.

SIGNATURE:

CARL SEIBERT

CARL SEIBERT

4-13-98 561993-3343

CR2E037 (10/97)