
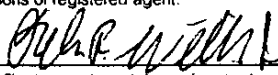
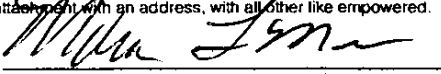


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90033 030 ***170.00

DOCUMENT # 709062					
1. Entity 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 P O BOX 733 BELLE GLADE, FL 33430-733 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-0567384	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BUFF, RON JR. 300 S.E. AVENUE E BELLE GLADE, FL 33430			Name Nelson B. Willis, Jr		
			Street Address (P.O. Box Number is Not Acceptable) 300 S.E. Ave E		
			City Belle Glade FL Zip Code 33430		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 			Nelson B. Willis, Exalted Ruler 3/19/05		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
DATE					
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIS, NELSON B JR		NAME		
STREET ADDRESS	208 NW AVE K		STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE, FL 33430		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, BUTCH		NAME	John Ellison	
STREET ADDRESS	300 S.E. AVENUE E		STREET ADDRESS	300 S.E. Ave E	
CITY-ST-ZIP	BELLE GLADE, FL 33430		CITY-ST-ZIP	Belle Glade, Fl 33430	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPOONER, JOHN		NAME	Bill Poole	
STREET ADDRESS	300 S. E. AVENUE E		STREET ADDRESS	300 S.E. Ave E	
CITY-ST-ZIP	BELLE GLADE, FL 33430		CITY-ST-ZIP	Belle Glade, Fl 33430	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODARD, BOBBY		NAME	Paul Hart	
STREET ADDRESS	1024 SE 3RD STREET		STREET ADDRESS	300 S.E. Ave E	
CITY-ST-ZIP	BELLE GLADE, FL 33430		CITY-ST-ZIP	Belle Glade, Fl 33430	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNWELL, JANET		NAME	Harriett Edwards	
STREET ADDRESS	300 S. E. AVENUE E		STREET ADDRESS	300 S.E. Ave E	
CITY-ST-ZIP	BELLE GLADE, FL 33430		CITY-ST-ZIP	Belle Glade, Fl 33430	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUFF, RON JR.		NAME		
STREET ADDRESS	300 S. E. AVENUE E		STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE, FL 33430		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			3/19/05 561-261-1974		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40050071



03102005 Chg-NP CR2E037 (10/03)