

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2008 8:00 am**  
**Secretary of State**

01-25-2008 90023 034 \*\*\*\*61.25

<b>DOCUMENT # 709062</b>					
<b>1. Entity Name</b> BELLEGLADE LODGE #1716 BENEVOLENT AND PROTECTIVE ORDER OF THE UNITED STATES					
<b>Principal Place of Business</b> 300 S.E. AVE. E BELLE GLADE, FL 33430			<b>Mailing Address</b> P O BOX 733 BELLE GLADE, FL 33430-733 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 59-0567384	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  FLIENS, MICHAEL 300 S.E. AVNUE E BELLE GLADE, FL 33430		<b>7. Name and Address of New Registered Agent</b> Name: <u>FRANC D. MAYO</u> Street Address (P.O. Box Number is Not Acceptable): <u>300 S.E. Ave E</u> City: <u>Belle Glade</u> <b>FL</b> Zip Code: <u>33430</u>			
<b>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.</b>					
SIGNATURE: <u>[Signature]</u> <span style="float: right;">1/18/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIS, NELSON B JR 208 NW AVE K BELLE GLADE, FL 33430	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELLISON, JOHN 300 S.E. AVENUE E BELLE GLADE, FL 33430	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POOLE, BILL 300 S. E. AVENUE E BELLE GLADE, FL 33430	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MILLER, MONA L 300 SE AVE. E. BELLE GLADE, FL 33430	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EDWARDS, HARRIETT 300 S. E. AVENUE E BELLE GLADE, FL 33430	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T COHRAN, CAROL 300 S. E. AVENUE E BELLE GLADE, FL 33430	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
SIGNATURE: <u>[Signature]</u> <span style="float: right;">1/18/08 561-946-1716</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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