FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 24 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 712989 (3)

1. Corporation Name
HOLLYWOOD WEST LODGE NO. 2365 OF THE BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATE

Principal Place of Business	Mailing Address
7190 DAVIE ROAD EXTENSION HOLLYWOOD FL 33024	7190 DAVIE ROAD EXTENSION HOLLYWOOD FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/26/1967
3a. Date of Last Report: 04/12/1994
4. FEI Number: 59-1301415 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

EATON, LARRY
7190 DAVIE RD EXTENSION
HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent

31 Name: MICHAEL ALEROY
32 Street Address (P.O. Box Number is Not Acceptable): 2090 ALCAZAR DRIVE
33 MIRAMAR FL 33023
34 City: FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Michael Aleroy 4/18/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ER	1.1 TITLE	ER	☒ Change ☐ Addition
NAME	EATON, LARRY	1.2 NAME	MICHAEL ALEROY	
STREET ADDRESS	7190 DAVIE RD EXTENSION	1.3 STREET ADDRESS	2090 ALCAZAR DRIVE	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	S	2.1 TITLE	S	☒ Change ☐ Addition
NAME	ELWERT, GERHARD	2.2 NAME	RICHARD A. FERGUSON SR.	
STREET ADDRESS	6463 CUSTER ST	2.3 STREET ADDRESS	6540 COOLIDGE ST	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	HOLLYWOOD FL. 33024	
TITLE	T	3.1 TITLE	TVC	☐ Change ☐ Addition
NAME	DINGLE, ROBERT F	3.2 NAME		
STREET ADDRESS	8570 NW 11TH CT	3.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	PEMBROKE PINES FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE	Chief Tyler	☐ Change ☐ Addition
NAME	COSTADINO IACOVIELLO	4.2 NAME		
STREET ADDRESS	1740 NW 104TH TERR	4.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	PEMBROKE PINES FL	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	DONLON, JAMES J.	5.2 NAME		
STREET ADDRESS	6020 S.W. 5TH ST.	5.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	PEMBROKE PINES FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 changed, or on an attachment with an address.

SIGNATURE: Richard A. Ferguson Sr. Asst. 3/29/95 (305) 963-6714
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #