## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Montham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 712989

(3)

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

Principal Place of Business		Mailing Address			t sooms soom frang reng start strid 1871 mitte alter dritt dient dient dient billt iblit	
7190 DAVIE ROAD EXTENSION		7190 DAVIE ROAD EXTENSION				
HOLLYWOOI	D FL 33024	HOLLYWOOD FL 3302	4			
					3. Date Incorporated or Qualified	3a. Date of Last Report
					06/26/1967	04/24/1995
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-1301415	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required	
City & State		Crty & State		6. Election Campaign Financing	\$5.00 May Be	
23		28	1 .		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation has liability for in	
24	9. Name and Address of Curren	29	30		Florida Statutes  10. Name and Address of New Re	Yes No
· ·	3. Name and Address of Correct	it negistered Ageitt	8	1 Name	IV. Name and Address of New Ne	gistered Agent
LEDOV			L		N J STRATTON	
LEBOY, MICHAEL A 2090 ALCAZAR DRIVE			8	JOHN J STRATTON  82 Street Address (P.O. Box Number is Not Acceptable)		
			8	6620	0 SW 20th ST	
	AR FL 33023		ľ	]	CIT	
1			8			85 Zip Code
11 Purcuant	to the provisions of Sections 617 0602	and 617 1509. Florida Statut	ac the above	POMP	ANO BEACH poration submits this statement for the purp	33068
OI TEGENTO	red agent, or both, in the state of Fiork	aa. auch change was authoriz	eo by the col	poration's bo	pard of directors. I hereby accept the appoi	ntment as registered agent. I am
	ith, and accept the obligations of Secti	ion 617.0503, Florida Statutes				ulalas
SIGNATURE	Signature, typed or pright diname of registered agent	and the it americable (NP	III Bandarad &	cart conceture rand	ired when renstating	4/9/96
12.	OFFICERS AND		13.	es raig with chequ	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	ER	DELETE	1.1 TITLE		JOHN J STRATTON	☐ Change ☐ Addition
NAME	LEROY, MICHAEL A		1.2 NAM			
STREET ADDRESS	2090 ALCAZAR DRIVE		1.3 STRE	ET ADDRESS	6620 SW 20th ST	
CITY - ST - ZIP	MIRAMAR FL		1.4 CiTY	-ST-ZIP	POMPANO BEACH FLA	•
TITLE	S	DELETE	2 1 TITLE		S	Change Addition
NAME	FERGUSON, RICHARD A SR.		22 NAM	E	MICHAEL A LEROY	
STREET ADDRESS	6540 COOLIDGE ST		23 STRE	ET ADDRESS	2090 ALCAZAR DR	
CITY-ST-ZIP	HOLLYWOOD FL		2 4 CITY	-ST-ZIP		
TITLE	T	DELETE	3.1 TITLE		MIRAMAR FLA 33023	☐ Change ☐ Addition
NAME	DINGLE, ROBERT F		3.2 NAM			
STREET ADDRESS	8570 NW 11TH CT		33 STRE	ET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		3.4. CiTY	-ST-ZIP		
TITLE	TD	DELETE	4 1 TITLE		MD.	Change Addition
NAME	COSTADINO IACOVIELLO		4. 2 NAM	E	TD	
STREET ADDRESS	1740 NW 104TH TERR		4.3 STRE	ET ADDRESS	JAMES WHYTE	
CITY-ST-ZiP	PEMBROKE PINES FL		4.4 CITY	-ST-ZIP	2912 ALCAZAR DR	
TITLE	TD	DELETE	5 1 TITLE		MIRAMAR FLA 33023	Change Addition
NAME	DONLON, JAMES J.		52 NAM	E		
STREET ADDRESS	6620 S.W. 5TH ST.		53 STRE	ET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		5.4 City	- ST - ZIP		
TITLE		DELETE	61 TITLE		70000178 -04/15/96010	□6 <b>□</b> crange □ Addition
NAME			62 NAM	E	-04/15/96010	ママーー022 ปー15~ほん
STREET ADDRESS			63 STRE	ET ADDRESS	***61.25	The state of the s
CiTY-ST-7IP			64 CITY	-ST-ZIP	~ <del>-</del>	)1 <u>~</u>

64 CITY-ST-ZIP 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not gualfy 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 if changed, or on an attachment with an address.

SIGNATURE: \_

MICHAEL A LEROY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

983-9567 121/96 983-9567 963-6714

H2E037 (12/95)