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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712989

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

* 558315 - 90024 - 32 *

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

2. Principal Place of Business (21)	2a. Mailing Address (26)	3. Date Incorporated or Qualified: 06/26/1967
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	4. FEI Number: 59-1301415 ☐ Applied For ☐ Not Applicable
City & State (23)	City & State (28)	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip (24) Country (25)	Zip (29) Country (30)	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

TORRA, MICHAEL F.
35 LOOP RD
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name: MAURICE BOUTIN
82 Street Address (P.O. Box Number is Not Acceptable): 3111 N. 73 AVE.
83 HOLLYWOOD, FL. 33024
84 City: HOLLYWOOD, FL 85 Zip Code: 33024

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: 5-6-99
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ER	☒ DELETE	1.1 TITLE	T.R.	☐ Change ☐ Addition
NAME	TORRA, MICHAEL F.		1.2 NAME		
STREET ADDRESS	35 LOOP RD		1.3 STREET ADDRESS	3111N. 73AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33021		1.4 CITY-ST-ZIP	HOLLYWOOD. FL. 33024	
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JACK CAHILL		2.2 NAME		
STREET ADDRESS	580 EGRET DR 209		2.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DINGLE, ROBERT F		3.2 NAME		
STREET ADDRESS	8570 NW 11TH CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WHYTE, JAMES		4.2 NAME		
STREET ADDRESS	2912 ALCAZAR DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL 33023		4.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	5.1 TITLE	T.R.	☐ Change ☐ Addition
NAME	DONLON, JAMES J.		5.2 NAME	JOSEPH DiEmmanuele	
STREET ADDRESS	6620 S.W. 5TH ST.		5.3 STREET ADDRESS	5130 JEFFERSON ST.	
CITY-ST-ZIP	PEMBROKE PINES FL		5.4 CITY-ST-ZIP	HOLLYWOOD, FL. 33021	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: _____ REQUIRED 4/22/99 954-456-6936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #