

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 19, 2008 8:00 am**  
**Secretary of State**

08-19-2008 90003 004 \*\*\*\*61.25

**DOCUMENT # 712989**



**1. Entity Name**

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

**Principal Place of Business**

7190 DAVIE ROAD EXTENSION  
HOLLYWOOD, FL 33024

**Mailing Address**

7190 DAVIE ROAD EXTENSION  
HOLLYWOOD, FL 33024

**40113847**



08112008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

59-1301415

**Applied For**

Not Applicable

**5. Certificate of Status Desired**



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

JESSE CLEMENCE  
7430 EATON STREET  
HOLLYWOOD, FL 33024

**DO NOT WRITE  
IN THIS SPACE**

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 JESSE CLEMENCE

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when re-registering)

AUG. 8, 2008

DATE

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

**9. Election Campaign Financing**



**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE **EXALTED RULER**  
NAME **JESSE CLEMENCE**  
STREET ADDRESS **7430 EATON ST**  
CITY-ST-ZIP **HOLLYWOOD, FL 33024**

TITLE **S**  
NAME **COFFEY, JEANNE**  
STREET ADDRESS **6331 S.W. 34TH COURT**  
CITY-ST-ZIP **MIRAMAR, FL 33023**

TITLE **T**  
NAME **SCHULTZ, DUANE H**  
STREET ADDRESS **4801 S.W. 59TH TERRACE**  
CITY-ST-ZIP **DAVIE, FL 33314**

TITLE **TD**  
NAME **SCANLON, EDWARD**  
STREET ADDRESS **7190 DAVIE ROAD EXTENSION**  
CITY-ST-ZIP **HOLLYWOOD, FL 33024**

TITLE **T**  
NAME **BOUTIN, MAURICE**  
STREET ADDRESS **3121 N 73 AVE**  
CITY-ST-ZIP **HOLLYWOOD, FL 33024**

TITLE **TR**  
NAME **JAMES BLANCHARD**  
STREET ADDRESS **4095 SW56 AVE**  
CITY-ST-ZIP **DAVIE, FL 33314**

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE** JESSE CLEMENCE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/08/08

DATE

954 963- 6714

DAYTIME PHONE #