


FILE NOW: FILING FEE IS \$61.25

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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000297 (9)**

1. Corporation Name

**THE PALM BEACH WEST LODGE, NO. 2785, BENEVOLENT
AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATE**



Principal Place of Business	Mailing Address
14909 HORSESHOE TRACE WEST PALM BEACH FL 33414-4053	14909 HORSESHOE TRACE WEST PALM BEACH FL 33414-4053

3. Date Incorporated or Qualified 06/02/1995	3a. Date of Last Report 04/18/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 36-0793011	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

**MACNAK, PHILIP P
14909 HORSESHOE TRACE
WEST PALM BEACH FL 33414-4053**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MAGUIRE, SEAN D	1.2 NAME	
STREET ADDRESS	13860 ISHNALA CIR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	WELLINGTON FL 33414	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P ARMSTRONG, ROBERT C	2.2 NAME	
STREET ADDRESS	1807 TULIP LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	WELLINGTON FL	2.4 CITY - ST - ZIP	Wellington, FL 33414
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D FADDISH, JOHN A	3.2 NAME	
STREET ADDRESS	116 OHIO ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WORTH FL 33467	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D ARTHUR B KARNS	4.2 NAME	
STREET ADDRESS	15720 WEATHERLY ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	WELLINGTON FL	4.4 CITY - ST - ZIP	Wellington, FL 33414
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S MACNAK, PHILIP P	5.2 NAME	
STREET ADDRESS	14909 HORSESHOE TRACE	5.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	5.4 CITY - ST - ZIP	West Palm Beach, FL 33414
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T JEFFREY SHAHIN	6.2 NAME	Jack Weikel
STREET ADDRESS	11682 PIPIT COURT	6.3 STREET ADDRESS	12660 Shoreline Drive #1-D
CITY - ST - ZIP	WELLINGTON FL	6.4 CITY - ST - ZIP	Wellington, FL 33414

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Arthur B. Karns* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/24/97
Daytime Phone # 0041202

CR2E037 (9/96)