

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90017 029 ****61.25

DOCUMENT # N96000000297

1. Corporation Name

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

Principal Place of Business

14909 HORSESHOE TRACE
WEST PALM BEACH FL 33414-4053

Mailing Address

14909 HORSESHOE TRACE
WEST PALM BEACH FL 33414-4053



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/02/1995

4. FEI Number

36-0793011

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

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MALLEK, STEPHEN	
STREET ADDRESS	2365 STONEGATE DRIVE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ARMSTRONG, ROBERT C	
STREET ADDRESS	1807 TULIP LANE	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FADDISH, JOHN A	
STREET ADDRESS	116 OHIO ROAD	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARTHUR B KARNS	
STREET ADDRESS	15720 WEATHERLY ROAD	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ZINCHAK, WILLIAM	
STREET ADDRESS	2701 MAPLEWOOD DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WEIKEL, JACK	
STREET ADDRESS	12660 SHORELINE DR #1-D	
CITY-ST-ZIP	WELLINGTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Macnak, Philip P	
1.3 STREET ADDRESS	14909 Horseshoe Trace	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33414-4053	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Maguire, Sean D.	
2.3 STREET ADDRESS	13860 Ishnala Circle	
2.4 CITY-ST-ZIP	Wellington, FL 33414	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Netschke, Jr., Donald E.	
5.3 STREET ADDRESS	13839 Barberrry Drive	
5.4 CITY-ST-ZIP	Wellington, FL 33414	
6.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Shaw, Ray	
6.3 STREET ADDRESS	809 Azure Avenue	
6.4 CITY-ST-ZIP	Wellington, FL 33414	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0503, 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:

Philip P. Macnak Philip P. Macnak

Date

Daytime Phone #

4/18/99 561 739-2860

CR2E037 (1/98)

0042414