

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90566 019 ****61.25

DOCUMENT # N96000000297

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

110 Camellia Park Drive

P.O. Box 1084

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Royal Palm Beach, FL

City & State

Loxahatchee, FL

Zip

33411

Country

USA

Zip

33470

Country

USA

4. FEI Number

36-0793011

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
 NAME **LAPERNA, BENJAMIN**
 STREET ADDRESS **17494 48TH COURT N**
 CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE **P** ☐ Change ☒ Addition
 NAME **Lisa Potvin**
 STREET ADDRESS **1188 NE Coysenda**
 CITY-ST-ZIP **Jensen Beach, FL 34957**

TITLE **D** ☒ Delete
 NAME **WEIKEL, JACK R**
 STREET ADDRESS **1620 CORSICA DRIVE**
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **D** ☐ Change ☒ Addition
 NAME **Tom Boles**
 STREET ADDRESS **12001 Poinciana Blvd, Unit 104**
 CITY-ST-ZIP **Royal Palm Beach, FL 33411**

TITLE **D** ☒ Delete
 NAME **FADDISH, JOHN A**
 STREET ADDRESS **116 OHIO ROAD**
 CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **D** ☒ Change ☒ Addition
 NAME **Joseph Naulty**
 STREET ADDRESS **11943 Suelien Circle**
 CITY-ST-ZIP **Wellington, FL 33414**

TITLE **D** ☒ Delete
 NAME **NAULTY, JOSEPH**
 STREET ADDRESS **1943 SUELLEN CIRCLE**
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **D** ☐ Change ☒ Addition
 NAME **John Fennell**
 STREET ADDRESS **903 Hibiscus Drive**
 CITY-ST-ZIP **Royal Palm Beach, FL 33411**

TITLE **S** ☐ Delete
 NAME **MACNAK, PHILIP P**
 STREET ADDRESS **14909 HORSESHOE TRACE**
 CITY-ST-ZIP **WEST PALM BEACH FL 3344**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **EHMKE, EDWARD L**
 STREET ADDRESS **12728 HEADWATER CIRCLE**
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02 561 790-7905

CRZE037 (9/01)