


FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90068 032 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000006629					
1. Corporation Name HARRY METZ MEMORIAL LODGE F.O.P. #36, INC.					
Principal Place of Business 301 NE 38TH ST OAKLAND PARK FL 33334			Mailing Address 301 NE 38TH ST OAKLAND PARK FL 33334		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 12/26/1996 4. FEI Number 23-7485467 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent LACERRA, RICHARD 301 NE 38TH ST OAKLAND PARK FL 33334			10. Name and Address of New Registered Agent 81 Name Scott Williams 82 Street Address (P.O. Box Number is Not Acceptable) 301 NE 38 Street 83 84 City Oakland Park FL 85 Zip Code 33334		
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 <u>Scott Williams</u> <i>Scott Williams</i> 1/13/99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE PD NAME DENARO, ALAN STREET ADDRESS 301 NE 38TH ST CITY-ST-ZIP OAKLAND PARK FL 33334			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE TD NAME BANDOLIK, RICHARD STREET ADDRESS 301 NE 38TH ST CITY-ST-ZIP OAKLAND PARK FL 33334			2.1 TITLE TD 2.2 NAME Scott Williams 2.3 STREET ADDRESS 301 NE 38 Street 2.4 CITY-ST-ZIP Oakland Park, FL 33334		
TITLE VPD NAME SANTALUCIA, FORREST STREET ADDRESS 301 NE 38TH ST CITY-ST-ZIP OAKLAND PARK FL 33334			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99

954-561-6131

Date

Daytime Phone #

CR2E037-(1/1/98)