

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 709062

**Entity Name:** BELLE GLADE / PAHOKEE, FLORIDA, LODGE #1716 INC.**Current Principal Place of Business:**300 DR. MARTIN LUTHER KING BLVD. EAST  
BELLE GLADE, FL 33430**Current Mailing Address:**P O BOX 733  
BELLE GLADE, FL 33430 US**FEI Number:** 59-0567384**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIS, NELSON JR.  
300 DR. MARTIN LUTHER KING JR. BLVD. EAST  
BELLE GLADE, FL 33430 US*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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	SECRETARY
Name	WILLIS, NELSON JR.
Address	300 DR. MLK, EAST
City-State-Zip:	BELLE GLADE FL 33430

Title	DIRECTOR
Name	MILLER, MONA
Address	300 DR. MARTIN LUTHER KING BLVD. EAST
City-State-Zip:	BELLE GLADE FL 33430

Title	ER
Name	KEY, DAVID
Address	300 DR. MLK BLVD. WEST
City-State-Zip:	BELLE GLADE FL 33430

Title	PER
Name	WILSON, JILL
Address	300 DR. MARTIN LUTHER KING BLVD. EAST
City-State-Zip:	BELLE GLADE FL 33430

Title	TREASURER
Name	SANTIAGO, LINDA
Address	300 DR. MARTIN LUTHER KING BLVD. EAST
City-State-Zip:	BELLE GLADE FL 33430

Title	DIRECTOR
Name	WILLIS, NELSON III
Address	300 DR. MARTIN LUTHER KING BLVD. EAST
City-State-Zip:	BELLE GLADE FL 33430

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MONA MILLER**SECRETARY****08/05/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date