

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90057 020 ****61.25

20007907



01062007 Chg-NP CR2E037 (12/06)

DOCUMENT # N10980			
1. Entity Name PORT ST. LUCIE LODGE NO. 2658, INC., BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATE			
Principal Place of Business 2290 LENNARD RD. P.O. BOX 8152 PORT ST. LUCIE, FL 34985		Mailing Address 2290 LENNARD RD. P O BOX 8152 PORT ST. LUCIE, FL 34985	
2. Principal Place of Business - No P.O. Box # 2290 SE Lennard Rd Suite, Apt. #, etc.		3. Mailing Address P.O. Box 8152 Suite, Apt. #, etc.	
City & State Port St. Lucie FL		City & State Port St. Lucie FL	
Zip 34952		Zip 34985	
Country		Country	
4. FEI Number 59-2270892		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMONELLI, AUGUSTINE J PDDGER 2911 SE DALHART RD PORT SAINT LUCIE, FL 34952		7. Name and Address of New Registered Agent Name <u>Mary Ann Manning</u> Street Address (P.O. Box Number is Not Acceptable) <u>352 N.W. Tuscany Way</u> City <u>Port St. Lucie</u> FL <u>34986</u>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>Mary Ann Manning</u> Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE <u>3-29-07</u>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <u>TR</u> <input checked="" type="checkbox"/> Delete NAME <u>EVERNHAM, FRANK E</u> STREET ADDRESS <u>5597 SE KATHARINE AVE</u> CITY-ST-ZIP <u>STUART, FL 34997</u>	TITLE <u>TRUSTEE</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <u>Augustus J. Simonelli, PDDGER</u> STREET ADDRESS <u>2911 S.E. Dalhart Rd.</u> CITY-ST-ZIP <u>Port St. Lucie FL 34952</u>		
TITLE <u>TR</u> <input type="checkbox"/> Delete NAME <u>NALBANDIAN, SHIRLEY D</u> STREET ADDRESS <u>1817 SE RAINIER RD</u> CITY-ST-ZIP <u>PORT SAINT LUCIE, FL 34952</u>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <u>TR</u> <input type="checkbox"/> Delete NAME <u>GRAVIUS, EDWARD W</u> STREET ADDRESS <u>673 SW COLLEGE PARK RD</u> CITY-ST-ZIP <u>PORT SAINT LUCIE, FL 34953</u>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <u>TR</u> <input type="checkbox"/> Delete NAME <u>IZZO, EDWARD J</u> STREET ADDRESS <u>11 HERITAGE WY</u> CITY-ST-ZIP <u>STUART, FL 34996</u>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <u>TR</u> <input checked="" type="checkbox"/> Delete NAME <u>CORTAZZO, JOHN</u> STREET ADDRESS <u>128 COVE VIEW CT</u> CITY-ST-ZIP <u>STUART, FL 34994</u>	TITLE <u>TRUSTEE</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <u>William J. LaSalla, Sr.</u> STREET ADDRESS <u>126 S.E. Village Drive</u> CITY-ST-ZIP <u>Port St. Lucie, FL 34952</u>		
TITLE <u>S</u> <input type="checkbox"/> Delete NAME <u>DOUGLAS, THOMAS H</u> STREET ADDRESS <u>229 SE VILLAGE DR</u> CITY-ST-ZIP <u>PORT SAINT LUCIE, FL 34952</u>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Thomas H. Douglas</u> Signature and typed or printed name of signing officer or director.		DATE <u>3/29/06</u> (772) 335-3517 Daytime Phone #	