

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 26 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N10980 (3)

1. Corporation Name

**PORT ST. LUCIE LODGE NO. 2658, INC., BENEVOLENT
AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATE**

Principal Place of Business

Mailing Address

2210 LENNARD RD.
P O BOX 8152
PORT ST. LUCIE FL 34985

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P O BOX 8152
PORT ST. LUCIE FL 34985

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1985

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2270892

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$0.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHARLES BUDDY YATES
5811-BIRCH DRIVE
PORT ST. LUCIE FL 34982

81 Name

RODNEY L. SPIVEY

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

1497-S.W. ALGARDI LANE

83

PORT ST. LUCIE, FL. 34953

84 City

FL

85

Zip Code

34953

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **RODNEY L. SPIVEY (PRESIDENT)**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
T	ANNUNZIATA, RALPH	1031-SEAGRASS AVENUE, SE	PORT ST. LUCIE FL
D	HENTZ, THOMAS H.	474-WALTERS TERR.	PT. ST. LUCIE FL 34983
D	FLORIDIA, JOHN	133 SURFSIDE AVE	PORT ST. LUCIE FL
D	LANDRUM, OLAN M.	782-SE DAMASK AVE.	PT. ST. LUCIE FL 34983
T	NELSON, ARTHUR J.	2401 SE TRAIL AVENUE	PORT ST. LUCIE FL
S	BAKER, KENNETH BAKER	50 W. CARIBBEAN	PT. ST. LUCIE FL

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
	EDWARD C. TRAINOR JR.	32-FLAMENGO WAY	PORT ST. LUCIE, FL. 34952
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), 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.

SIGNATURE:

RODNEY L. SPIVEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #