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May 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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

**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 34985-8152**

3. Date Incorporated or Qualified
09/05/1985

3a. Date of Last Report
06/25/1996

4. FEI Number
59-2270892

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 SAME

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GIESEMANN, ERWIN
1010 SE DAMASK AVE
PORT ST LUCIE FL 34983**

81 Name

FLOYD SOUTHARD

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

83 2074-S.E. CROWBERRY DR.

84 City PORT ST. LUCIE,

FL 85 Zip Code 34952

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

Floyd J. Southard

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**T
NAME
STREET ADDRESS
CITY-ST-ZIP
TRAINOR, EDWARD C. J
32 FLAMENGO WAY
PORT ST. LUCIE FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D ☐ DELETE

**D
NAME
STREET ADDRESS
CITY-ST-ZIP
HEINTZ, THOMAS H.
474-WALTERS TERR.
PT. ST. LUCIE FL 34983**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D ☒ DELETE

**D
NAME
STREET ADDRESS
CITY-ST-ZIP
FLORIDIA, JOHN
133 SURFSIDE AVE
PORT ST. LUCIE FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**TRUSTEE
CHRISTOPHER CUNNINGHAM
14-FLORES WAY
PORT ST. LUCIE, FL. 34952**

D ☐ DELETE

**D
NAME
STREET ADDRESS
CITY-ST-ZIP
YATES, CHARLES
5611 BIRCH DR
FORT PIERCE FL**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

T ☐ DELETE

**T
NAME
STREET ADDRESS
CITY-ST-ZIP
NELSON, ARTHUR J.
2401 SE TRAIL AVENUE
PORT ST. LUCIE FL**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

S ☐ DELETE

**S
NAME
STREET ADDRESS
CITY-ST-ZIP
BAKER, KENNETH BAKER
50 W. CARIBBEAN
PT. ST. LUCIE FL**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE *Erwin Giesemann*

(561-335-3517)

CR2E037 (9/96)