2002 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # N10980** Apr 30, 2002 8:00 am Secretary of State 1. Entity Name PORT ST. LUCIE LODGE NO. 2658, INC., BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATE 4-30-2002 90153 023 ****61.25 Principal Place of Business Mailing Address 2290 Lennard Rd. 2290 LENNARD RD. P O BOX 8152 P O BOX 8152 PORT ST. LUCIE FL 34985 PORT ST. LUCIE FL 34985 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2270892 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRANK S. MANNA SIMONELLI, AUGUSTUS J Street Address (P.O. Box Number is Not Acceptable) 2911 SE DALHART ROAD PORT SAINT LUCIE FL 34952 2206-S.E. CHARLESTON DRIVE PORT ST. LUCIE Zip Code 34952 8. The above named entity submits this statement for the purpose of charging its registere flice or registered agent, or both, in the state of Florida. FRANK S. MANNA EXALTED RULER 4-12-2002 Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE TR Change ☐ Addition GIESEMANN, ERWIN NAME NAME GIESEMANN. ERWIN STREET ADDRESS 2124 SE E DUNBROOK CIR STREET ADDRESS 63- MEDITERANEAN EAST PORT ST. LUCIE FL 34952 CITY-ST-ZIP PORT ST. LUCIE, FL. 349 CITY-ST-ZIP TITI F ☐ Delete TITLE SPIVEY, RODNEY NAME MATELA, RICHARD JR. NAME 1497 SW ALGARDI LANE STREET ADDRESS 2033-S.E. CAMDEN STREET STREET ADDRESS CITY-ST-ZIP PORT SAINT LUCIE FL 34953 CITY-ST-ZIP PORT ST. LUCIE, FL. 34952 TITLE ☐ Delete TITLE ☐ Change Addition MATELA, RICHARD J JR NAME CORTAZZO JOHN NAME 2033 SE CAMDEN STREET STREET ADDRESS STREET ADDRESS 128-COVE VIEW COURT CITY-ST-ZIP PORT SAINT LUCIE FL 34952 CITY-ST-ZIP STUART, FL. 34994 ☐ Delete TITLE TR EDWARD C. TRAINOR JR 🖫 Change ☐ Addition CORTAZZO, JOHN NAME NAME 128 COVE VIEW COURT 6-JUAREZ LANE STREET ADDRESS STREET ADDRESS PORT ST. LUCIE, FL. 34952 CITY-ST-ZIP stuart fl 34994 CITY-ST-7IP ☐ Delete TITLE AUGUSTUS J. SIMONELIA Change ☐ Addition MATELA, RICHARD J JR NAME 2033 SE CAMDEN ST STREET ADDRESS 2911-S.E. DALHART RD. STREET ADDRESS CITY-ST-ZIE PORT ST. LUCIE FL 34952 CITY-ST-7IP PORT ST. LUCIE, FL. 34952 TITLE ☐ Delete TITLE ☐ Change . Addition BAKER, KENNETH A S KENNETH A. BAKER NAME NAME STREET ADDRESS 50 W. CARIBBEAN 50-W. CARIBBEAN STREET ADDRESS PORT ST.LUCIE, FL. 34952 PT. ST. LUCIE FL 34952 CITY-ST-ZIP CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH A. BAKER (SEC)

Date