2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State
03-09-2004 90022 003 ****61.25

DOCUMENT # N10980

1. Entity Name

PORT ST. LUCIE LODGE NO. 2658, INC.,
BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF

Principal Place of Business	Mailing Address
2290 LENNARD RD. P O BOX 8152 PORT ST. LUCIE FL 34985	2290 LENNARD RD. P O BOX 8152 PORT ST. LUCIE FL 34985

2. Principal Place of Business	3. Mailing Address
SAME	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

MOORE CR2E037 (11/03)

4. FEI Number 59-2270892 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MATTHEWS, MYRON AL 1494 SE LENNARD RD PORT SAINT LUCIE FL 34952	Name: EDWARD W. GRAVIUS Street Address (P.O. Box Number is Not Acceptable): 673- S.W. COLLEGE PARK RD. City: PORT ST. LUCIE, FL.34953 City: PORT ST. LUCIE, FL Zip Code: 34953

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 EDWARD W. GRAVIUS(EXALTED RULER) Edward W. Gravius 2-28-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	TR	TITLE	☐ Change ☐ Addition
NAME	GIESEMANN, ERWIN	NAME	
STREET ADDRESS	63 MEDITERANEAN EAST	STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	CITY-ST-ZIP	
	☐ Delete		
TITLE	TR	TITLE	☐ Change ☐ Addition
NAME	TRAINOR, EDWARD C JR	NAME	
STREET ADDRESS	6 JUAREZ LANE	STREET ADDRESS	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	CITY-ST-ZIP	
	☐ Delete		
TITLE	TR	TITLE	TR. ☒ Change ☐ Addition
NAME	MATELA, RICHARD J JR	NAME	MYRON AL MATTHEWS
STREET ADDRESS	2033 SE CAMDEN STREET	STREET ADDRESS	1494-S.E. LENNARD RD.
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	CITY-ST-ZIP	PORT ST. LUCIE, FL. 34952
	XX Delete		
TITLE	TR	TITLE	☐ Change ☐ Addition
NAME	MANNA, FRANK S	NAME	
STREET ADDRESS	2206 SE CHARLESTON DR	STREET ADDRESS	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	CITY-ST-ZIP	
	☐ Delete		
TITLE	TR	TITLE	☐ Change ☐ Addition
NAME	SIMONELLI, AUGUSTUS J	NAME	
STREET ADDRESS	2911 SE DALHART RD	STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	CITY-ST-ZIP	
	☐ Delete		
TITLE	S	TITLE	S. ☒ Change ☐ Addition
NAME	BAKER, KENNETH A	NAME	SHIRLEY D. NALBANDIAN
STREET ADDRESS	50 W. CARIBBEAN	STREET ADDRESS	1817-s.e.RAINIER RD.
CITY-ST-ZIP	PT. ST. LUCIE FL 34952	CITY-ST-ZIP	PORT ST. LUCIE, FL. 34952
	☒ Delete		

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: SHIRLEY D. NALBANDIAN Shirley D Nalbandian 3/2/04 772-335-3517

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #