

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90014 006 ****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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2270892

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

**MANOS, ALICE
1384 SW AXTELL AVE
PORT SAINT LUCIE FL 34953**

7. Name and Address of New Registered Agent

Name **Simonelli, Augustus J PDDGER**

Street Address (P.O. Box Number is Not Acceptable)
2911 SE Dalhart Rd.

City **Port St. Lucie** **FL** Zip Code **34952**

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 **Augustus J. Simonelli, ER/PDDGER**

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required with filing)

DATE

Augustus J. Simonelli **3/31/06**

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

TITLE **TR** ☒ Delete
NAME **GIESEMANN, ERWIN**
STREET ADDRESS **63 MEDITERRANEAN EAST**
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE **TR** ☒ Delete
NAME **DOUGLAS, TOM H**
STREET ADDRESS **229 SE VILLAGE DR**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE **TR** ☐ Delete
NAME **GRAVIUS, EDWARD W**
STREET ADDRESS **673 SW COLLEGE PARK RD**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34953**

TITLE **TR** ☒ Delete
NAME **MANNA, FRANK S**
STREET ADDRESS **2206 SE CHARLESTON DR**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE **TR** ☒ Delete
NAME **SIMONELLI, AUGUSTUS J**
STREET ADDRESS **2911 SE DALHART RD**
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE **S** ☒ Delete
NAME **NALBANDIAN, SHIRLEY D**
STREET ADDRESS **1817-SE RAINIER RD**
CITY-ST-ZIP **PT. ST. LUCIE FL 34952**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TR** ☐ Change ☒ Addition
NAME **FRANK E. EVERNHAM**
STREET ADDRESS **5597 SE KATHARINE AVE.**
CITY-ST-ZIP **STUART FL 34997**

TITLE **TR** ☒ Change ☐ Addition
NAME **SHIRLEY D. NALBANDIAN**
STREET ADDRESS **1817 SE RAINIER ROAD**
CITY-ST-ZIP **PORT ST LUCIE FL 34952**

TITLE **TR** ☐ Change ☒ Addition
NAME **EDWARD J. IZZO**
STREET ADDRESS **11 HERITAGE WAY**
CITY-ST-ZIP **STUART FL 34996**

TITLE **TR** ☐ Change ☒ Addition
NAME **John Cortazzo**
STREET ADDRESS **128 Cove View Ct.**
CITY-ST-ZIP **Stuart, FL 34994**

TITLE **S** ☒ Change ☐ Addition
NAME **Thomas H. Douglas**
STREET ADDRESS **229 SE Village Drive**
CITY-ST-ZIP **Port St. Lucie FL 34952**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **Thomas H. Douglas, Secretary**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thomas H. Douglas **3/31/06**