

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90057 020 \*\*\*\*61.25

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01062007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N10980</b> 1. Entity Name <b>PORT ST. LUCIE LODGE NO. 2658, INC., BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATE</b>					
Principal Place of Business <b>2290 LENNARD RD.  <del>P.O. BOX 8152</del>          PORT ST. LUCIE, FL 34985</b>			Mailing Address <b><del>2290 LENNARD RD.</del>          P O BOX 8152          PORT ST. LUCIE, FL 34985</b>		
2. Principal Place of Business - No P.O. Box # <b>2290 SE Lennard Rd</b> Suite, Apt. #, etc.			3. Mailing Address <b>P.O.Box 8152</b> Suite, Apt. #, etc.		
City & State <b>Port St. Lucie FL</b>			City & State <b>Port St. Lucie FL</b>		
Zip <b>34952</b>		Country		Zip <b>34985</b>	
Country		4. FEI Number <b>59-2270892</b>			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SIMONELLI, AUGUSTINE J PDDGER          2911 SE DALHART RD          PORT SAINT LUCIE, FL 34952</b>			7. Name and Address of New Registered Agent Name <b>Mary Ann Manning</b> Street Address (P.O. Box Number is Not Acceptable) <b>352 N.W. Tuscany Way</b> City <b>Port St. Lucie</b> <b>FL</b> Zip Code <b>34986</b>		
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 <i>Mary Ann Manning</i> <span style="float: right;">3-29-07</span> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> <b>Mary Ann Manning Exalted Ruler</b>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR EVERNHAM, FRANK E 5597 SE KATHARINE AVE STUART, FL 34997	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRUSTEE Augustus J. Simonelli, PDDGER 2911 S.E. Dalhart Rd. Port St. Lucie FL 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR NALBANDIAN, SHIRLEY D 1817 SE RAINIER RD PORT SAINT LUCIE, FL 34952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR GRAVIUS, EDWARD W 673 SW COLLEGE PARK RD PORT SAINT LUCIE, FL 34953	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR IZZO, EDWARD J 11 HERITAGE WY STUART, FL 34996	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR CORTAZZO, JOHN 128 COVE VIEW CT STUART, FL 34994	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRUSTEE William J. LaSalla, Sr. 126 S.E. Village Drive Port St. Lucie, FL 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DOUGLAS, THOMAS H 229 SE VILLAGE DR PORT SAINT LUCIE, FL 34952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Thomas H. Douglas</i> <small>Signature typed or printed name of signing officer or director</small> <b>Thomas H. Douglas, Secretary</b>			Date <i>3/29/06</i> (772) 335-3517 <small>Daytime Phone #</small>		