

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90788 038 ****61.25

DOCUMENT # N10980

1. Entity 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**

2. Principal Place of Business

SAME

Suite, Apt. #, etc.

3. Mailing Address

SAME

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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MANNA, FRANK S
2206 SE CHARLESTON DRIVE
PORT SAINT LUCIE FL 34952**

7. Name and Address of New Registered Agent

Name

MYRON AL. MATTHEWS

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

1494-S.E. LENNARD 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 **MYRON AL. MATTHEWS (EXALTED RULER)**

4-7-03

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

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 MEDITERANEAN EAST**
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE **TR** ☐ Delete
NAME **TRAINOR, EDWARD C JR.**
STREET ADDRESS **6 JUAREZ LANE**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE **TR** ☐ Delete
NAME **MATELA, RICHARD J JR**
STREET ADDRESS **2033 SE CAMDEN STREET**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE **TR** ☒ Delete
NAME **CORTAZZO, JOHN**
STREET ADDRESS **128 COVE VIEW COURT**
CITY-ST-ZIP **STUART FL 34994**

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 **BAKER, KENNETH A**
STREET ADDRESS **50 W. CARIBBEAN**
CITY-ST-ZIP **PT. ST. LUCIE FL 34952**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **TR.**
STREET ADDRESS **FRANK S. MANNA**
CITY-ST-ZIP **2206-SE. CHARLESTON DR.**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **PORT ST. LUCIE, FL. 34952**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 information.

SIGNATURE: **KENNETH A. BAKER** *Kenneth A Baker 4-7-03 - 772-335-3559*

CR2E037 (10/02)