

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 767581

**FILED**  
**Mar 28, 2023**  
**Secretary of State**  
**8587896688CC**

**Entity Name:** MERRITT ISLAND LODGE #2650 OF THE BENEVOLENT & PROTECTIVE ORDER OF ELKS, INC.

**Current Principal Place of Business:**

1520 N SYKES CREEK PKWY  
MERRITT ISLAND, FL 32952

**Current Mailing Address:**

P O BOX 541052  
MERRITT ISLAND, FL 32954-1052 US

**FEI Number: 59-2309274**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SKIBBA, KATHRYN J  
750 ORCHID LANE  
MERRITT ISLAND, FL 32952 US

*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.*

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           SARDELLA, DONN  
Address        214 LAKE SHORE DR  
City-State-Zip: MERRITT ISLAND FL 32953

Title           TREASURER  
Name           MEDLEY, KATHLEEN  
Address        1330 GRAND CAYMAN DR  
City-State-Zip: MERRITT ISLAND FL 32952

Title           CEO  
Name           DAVEY , JACKIE  
Address        333 CROCKETT BLVD APT 540936  
City-State-Zip: MERRITT ISLAND FL 32954

Title           SECRETARY  
Name           SKIBBA, KATHRYN  
Address        750 ORCHID LANE  
City-State-Zip: MERRITT ISLAND FL 32952

Title           TRUSTEE  
Name           CORREDOR, DENISE  
Address        1340 ANCHOR LN  
City-State-Zip: MERRITT ISLAND FL 32952

Title           TRUSTEE  
Name           FORBES, KERMIT  
Address        63 PAULA AVENUE  
City-State-Zip: MERRITT ISLAND FL 32952

Title           TRUSTEE  
Name           SKIBBA, NICHOLAS  
Address        750 ORCHID LANE  
City-State-Zip: MERRITT ISLAND FL 32952

Title           TRUSTEE  
Name           ELLIS, NICHOLAS  
Address        1330 GRAND CAYMAN DRIVE  
City-State-Zip: MERRITT ISLAND FL 32952

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

SIGNATURE: KATHRYN SKIBBA

SECRETARY

03/28/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name JOHNSON, KIM  
Address 1755 S SHELTER TRAIL  
City-State-Zip: MERRITT ISLAND FL 32952