

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10980

Entity Name: PORT ST. LUCIE LODGE NO. 2658, INC., BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA**FILED**
Jan 15, 2022
Secretary of State
4873460989CC**Current Principal Place of Business:**2290 LENNARD RD.
PORT SAINT LUCIE, FL 34952**Current Mailing Address:**P O BOX 8152
PORT ST. LUCIE, FL 34985 US**FEI Number: 59-2270892****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**REPOLI, WILLIAM EXALTED RULER
1501 SE SINBAD AVE
PORT ST. LUCIE, FL 34952 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:** WILLIAM REPOLI**01/15/2022**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TRUSTEE
Name	MANNING, SUSAN M
Address	2531 SE JASON AVE
City-State-Zip:	PORT SAINT LUCIE FL 34952

Title	TRUSTEE
Name	MONTEMARANO, FRANK
Address	2055 SE WILD MEADOW CIRCLE
City-State-Zip:	PORT ST. LUCIE FL 34952-8142

Title	TRUSTEE
Name	RAHRIG, LARRY EDWARD
Address	3045 EAGLES NEST WAY
City-State-Zip:	PORT ST. LUCIE FL 34952

Title	PRESIDENT
Name	REPOLI, WILLIAM
Address	18016 SW COSENZA WAY
City-State-Zip:	PORT ST. LUCIE FL 34952-2894

Title	TRUSTEE
Name	MONTEMARANO, FRANCIS
Address	661 NW RED PINE WAY
City-State-Zip:	JENSEN BEACH FL 34957

Title	TRUSTEE
Name	KNOPIK, PHILIP
Address	2031 SE MANTUA STREET
City-State-Zip:	PORT ST. LUCIE FL 34952

Title	SECRETARY
Name	BARTH, RICK A
Address	4444 BELLE GROVE DRIVE
City-State-Zip:	FORT PIERCE FL 34981-5081

Title	TRUSTEE
Name	TAVALONI, ANTHONY
Address	18016 SW COSENZA WAY
City-State-Zip:	PORT ST. LUCIE FL 34952-2894

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: FREDERICK BARTH**SECRETARY****01/15/2022**

Electronic Signature of Signing Officer/Director Detail

Date