2018 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
Mar 16, 2018
Secretary of State
CC1278484086

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: No

Name and Address of Current Registered Agent:

2531 SE JASON AVE

BARTH, FREDERICK EXALTED RULER 1501 SE SINBAD AVE. PORT ST. LUCIE, FL 34952-5444 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: FREDERICK BARTH 03/16/2018

Electronic Signature of Registered Agent Date

Address

Officer/Director Detail:

Address

 Title
 TRUSTEE
 Title
 TRUS

 Name
 MANNING, SUSAN M
 Name
 PATRICK, THOMAS J

City-State-Zip: PORT SAINT LUCIE FL 34952 City-State-Zip: JENSEN BEACH FL 34957

Title TRUS Title SECT

Name LENTINE, SALVATORE Name RAYMOND, CAROL

Address 502 SW EYERLY AVE Address 4444 BELLE GROVE DRIVE

City-State-Zip: PORT ST LUCIE FL 34983 City-State-Zip: FORT PIERCE FL 34981

Title TRUSTEE Title TRUSTEE

NameARLENE, DAILEYNameRAHRIG, EDWARDAddress3045 EAGLES NEST WAYAddress632 SW ASTER ROADCity-State-Zip:PORT ST. LUCIE FL 34952City-State-Zip:PORT ST. LUCIE FL 34953

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: CAROL RAYMOND

SECRETARY

441 NW BROKEN OAK TRL

03/16/2018