

**2019 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**  
**Apr 09, 2019**  
**Secretary of State**  
**0384450375CC****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:**TRIPOLI, LYNN EXALTED RULER  
238 SE VILLAGE DRIVE  
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:** LYNN TRIPOLI**04/09/2019**

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	SECT
Name	RAYMOND, CAROL
Address	4444 BELLE GROVE DRIVE
City-State-Zip:	FORT PIERCE FL 34981

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

Title	VP
Name	RAHRIG, EDWARD
Address	1086 SW SULTAN DR
City-State-Zip:	PORT ST. LUCIE FL 34953

Title	TRUSTEE
Name	BARTH, FREDERICK
Address	1501 SE SINBAD AVE
City-State-Zip:	PORT ST. LUCIE FL 34952

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

Title	VP
Name	TAVOLONI, ANTHONY
Address	2844 SE MELALEUCA BLVD
City-State-Zip:	PORT ST. LUCIE FL 34952

*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****04/09/2019**

Electronic Signature of Signing Officer/Director Detail

Date