

**2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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

**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:**

ANNUNZIATA, RALPH E.R.  
1031 SE SEAGRASS AVE  
PORT SAINT LUCIE, FL 34983 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: RALPH ANNUNZIATA**

**04/11/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TRUS  
Name PEPE, JOSEPH D  
Address 844 SE SWEETBAY AVE  
City-State-Zip: PORT SAINT LUCIE FL 34983

Title TRUS  
Name TURLEY, JOHN J  
Address 2635 SE MORNINGSID BLVD.  
City-State-Zip: PORT SAINT LUCIE FL 34952

Title TRUS  
Name PAGE, ERNEST  
Address 2944 SE DALHART RD.  
City-State-Zip: PORT ST LUCIE FL 34952

Title TRUS  
Name RAYMOND, BRUCE  
Address 3839 SANDLACE CT.  
City-State-Zip: PORT ST LUCIE FL 34952

Title SECT  
Name MANNING, SUSAN MSECTY  
Address 2531 SE JASON AVE  
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: SUSAN MANNING**

**SECRETARY**

**04/11/2013**

Electronic Signature of Signing Officer/Director Detail

Date