

2016 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 05, 2016
Secretary of State
CC7844532942**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:**RAYMOND, CAROL E.R.
4444 BELLE GROVE DRIVE
FORT PIERCE, FL 34981 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: CAROL RAYMOND****04/05/2016**

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	PATRICK, THOMAS J
Address	441 NW BROKEN OAK TRL
City-State-Zip:	JENSEN BEACH FL 34957

Title	TRUS
Name	CASTRO, JOSE
Address	2199 SE ABCOR ROAD
City-State-Zip:	PORT ST LUCIE FL 34952

Title	TRUS
Name	LENTINE, SALVATORE
Address	502 SW EYERLY AVE
City-State-Zip:	PORT ST LUCIE FL 34983

Title	SECT
Name	MANNING, SUSAN MSECTY
Address	2531 SE JASON AVE
City-State-Zip:	PORT ST LUCIE FL 34952

Title	TRUSTEE
Name	WILLIAM J. LASALLA SR.
Address	126 SE VILLAGE DRIVE
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 M MANNING**SECRETARY****04/05/2016**

Electronic Signature of Signing Officer/Director Detail

Date