

2015 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 13, 2015
Secretary of State
CC6643841103**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:**LASALLA, WILLIAM J. E.R.
126 SE VILLAGE DRIVE
PORT SAINT 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 J. LASALLA**01/13/2015**

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 34983Title TRUS
Name PATRICK, THOMAS J
Address 441 NW BROKEN OAK TRL
City-State-Zip: JENSEN BEACH FL 34957Title TRUS
Name CASTRO, JOSE
Address 2199 SE ABCOR ROAD
City-State-Zip: PORT ST LUCIE FL 34952Title TRUS
Name RAYMOND, BRUCE
Address 3839 SANDLACE CT.
City-State-Zip: PORT ST LUCIE FL 34952Title SECT
Name MANNING, SUSAN M SECTY
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 M. MANNING**SECRETARY****01/13/2015**

Electronic Signature of Signing Officer/Director Detail

Date