

2013 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 09, 2013
Secretary of State
CC5303112055**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:**TAVOLONI, ANTHONY E.R.
2844 SE MELALEUCA BLVD
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:**_____
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 TURLEY, JOHN J
Address 2635 SE MORNINGSIDE BLVD.
City-State-Zip: PORT SAINT LUCIE FL 34952Title TRUS
Name LENTINE, SALVATORE
Address 502 SW EYERLY AVE
City-State-Zip: PORT ST. LUCIE FL 34983Title TRUS
Name PAGE, ERNEST
Address 2944 SE DALHART RD.
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****01/09/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date