2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43184

Entity Name: FORT MYERS LODGE, NO. 1288 BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA

FILED
Jan 05, 2022
Secretary of State
8690390778CC

Current Principal Place of Business:

2180 WEST FIRST STREET

UNIT 320

FT MYERS, FL 33901

Current Mailing Address:

2180 WEST FIRST STREET UNIT 320 FORT MYERS, FL 33901 US

FEI Number: 59-0232981 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SAUNDERS, GAYLE TREASURER 2180 WEST FIRST STREET UNIT 320 FT MYERS. FL 33901 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: GAYLE SAUNDERS 01/05/2022

Electronic Signature of Registered Agent Date

Officer/Director Detail:

 Title
 EXALTED RULER
 Title
 TREAUSURER

 Name
 SPENCER, ROGER
 Name
 SAUNDERS, GAYLE

Address 2180 WEST FIRST STREET Address 2180 WEST FIRST STREET

UNIT 320 UNIT 320

City-State-Zip: FT MYERS FL 33901 City-State-Zip: FORT MYERS FL 33901

Title CHAIRMAN OF BOARD Title TRUSTEE

Name WEINBURG, ROBERT Name MARTIN, DOROTHY PER

Address 2180 WEST FIRST STREET Address 2180 WEST FIRST STREET

UNIT 320 UNIT 320

City-State-Zip: FT MYERS FL 33901 City-State-Zip: FT MYERS FL 33901

Title LODGE ADVISOR Title SECRETARY

Name GERSBACH, PHILIP PDD Name CARROLL, GAIL R.

Address 2180 WEST FIRST STREET Address 2180 WEST FIRST STREET

UNIT 320 UNIT 320

City-State-Zip: FT MYERS FL 33901 City-State-Zip: FT MYERS FL 33901

Title TRUSTEE Title TRUSTEE

Name MASCARI, FRANK Name CONLEY, RICHARD PER

Address 2180 WEST FIRST STREET Address 2180 WEST FIRST STREET

UNIT 320 UNIT 320

City-State-Zip: FT MYERS FL 33901 City-State-Zip: FT MYERS FL 33901

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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: GAYLE SAUNDERS TREASURER 01/05/2022

Officer/Director Detail Continued:

Title ESQUIRE

Name LAKE, DAVID PSP

Address 2180 WEST FIRST STREET

UNIT 320

City-State-Zip: FT MYERS FL 33901