

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43184

FILED
Jan 05, 2021
Secretary of State
0183627112CC

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

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 SECRETARY
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

01/05/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title EXALTED RULER
Name SPENCER, ROGER
Address 2180 WEST FIRST STREET
UNIT 320
City-State-Zip: FT MYERS FL 33901

Title SECRETARY
Name SAUNDERS, GAYLE
Address 2180 WEST FIRST STREET
UNIT 320
City-State-Zip: FORT MYERS FL 33901

Title CHAIRMAN OF BOARD
Name SPENCER, ROGER
Address 2180 WEST FIRST STREET
UNIT 320
City-State-Zip: FT MYERS FL 33901

Title TRUSTEE
Name MCCLEAVE, MELBA PER
Address 2180 WEST FIRST STREET
UNIT 320
City-State-Zip: FT MYERS FL 33901

Title LODGE ADVISOR
Name GERSBACH, PHILIP PDD
Address 2180 WEST FIRST STREET
UNIT 320
City-State-Zip: FT MYERS FL 33901

Title TREASURER
Name ARNOLD, DONNA PDD
Address 2180 WEST FIRST STREET
UNIT 320
City-State-Zip: FT MYERS FL 33901

Title TRUSTEE
Name MASCARI, FRANK
Address 2180 WEST FIRST STREET
UNIT 320
City-State-Zip: FT MYERS FL 33901

Title LOYAL KNIGHT
Name CONLEY, RICHARD PER
Address 2180 WEST FIRST STREET
UNIT 320
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

01/05/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ESQUIRE
Name LAKE, DAVID PSP
Address 2180 WEST FIRST STREET
UNIT 320
City-State-Zip: FT MYERS FL 33901