

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N48531

**Entity Name:** DELRAY BEACH LODGE, NO. 1770, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA, INCORPORATED**FILED**  
**Apr 18, 2023**  
**Secretary of State**  
**4611722353CC****Current Principal Place of Business:**265 NE 4TH AVENUE  
DELRAY BEACH, FL 33483**Current Mailing Address:**265 NE 4TH AVENUE  
DELRAY BEACH, FL 33483 US**FEI Number: 59-0669282****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GOUR, MAUREEN  
265 NE 4TH AVENUE  
DELRAY BEACH, FL 33483 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: LAURIE A. ROGERS****04/18/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	NELSON, LESTER A
Address	265 NE 4TH AVENUE
City-State-Zip:	DELRAY BEACH FL 33483

Title	TRUSTEE
Name	SMITH, DANIELLE
Address	265 NE 4TH AVENUE
City-State-Zip:	DELRAY BEACH FL 33483

Title	T
Name	GOUR, MAUREEN
Address	265 NE 4TH AVENUE
City-State-Zip:	DELRAY BEACH FL 33483

Title	S
Name	LYDON, PATTI
Address	265 NE 4TH AVENUE
City-State-Zip:	DELRAY BEACH FL 33483

Title	TRUSTEE
Name	PIETRINI, MATTHEW
Address	265 NE 4TH AVENUE
City-State-Zip:	DELRAY BEACH FL 33483

*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: MAUREEN K. GOUR****TREASURER****04/18/2023**

Electronic Signature of Signing Officer/Director Detail

Date