

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000004479

**FILED**  
**Apr 08, 2015**  
**Secretary of State**  
**CC4806021997**

**Entity Name:** FT. PIERCE LODGE, 1520, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA, INCORPORATED

**Current Principal Place of Business:**

608 SOUTH 5TH STREET  
FT PIERCE, FL 34950

**Current Mailing Address:**

P.O. BOX 3749  
FT. PIERCE, FL 34948-3749 US

**FEI Number: 59-0250528**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

JOHNSON, JAMES W  
1508 FLORIDA AVENUE  
FORT PIERCE, FL 34950 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 D  
Name FOWLER, DAVID M  
Address 5913 PAPAYA DRIVE  
City-State-Zip: FORT PIERCE FL 34982

Title D  
Name SWAYNGIM, MICHAEL  
Address 6007 SPRUCE DRIVE  
City-State-Zip: PORT ST. LUCIE FL 34982-3798

Title D  
Name ROHN, SCOTT  
Address 5805 PALM DR  
City-State-Zip: FORT PIERCE FL 34982

Title DIRECTOR  
Name HENRY, JOHN D  
Address 1508 FLORIDA AVE  
City-State-Zip: FORT PIERCE FL 34950

Title DIRECTOR  
Name SMALLACOMBE, BARBARA  
Address 776 SW ARUBA WAY  
City-State-Zip: PORT ST LUCIE FL 34986-3425

*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: SCOTT ROHN**

**DIRECTOR**

**04/08/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date