

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90021 014 ****61.25

DOCUMENT # 702942

1. Entity Name

**PORT CHARLOTTE LODGE #2153 BENEVOLENT AND
PROTECTIVE ORDER OF ELKS OF THE UNITED STATES**



Principal Place of Business

**4109 TAMiami TRAIL
PORT CHARLOTTE FL 33952**

Mailing Address

**PO BOX 496425
PORT CHARLOTTE FL 33949**

94046487



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1392631

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BENT, JACK
2531 ALCALAY LN
PORT CHARLOTTE FL 33952**

Name

JACK BENT

Street Address (P.O. Box Number is Not Acceptable)

2531 ALCALAY ST.

City

PORT CHARLOTTE

FL

Zip Code

33952

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	BENT, JACK	
STREET ADDRESS	2531 ALCALAY STREET	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952 33952	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARIER, CHARLES	
STREET ADDRESS	17288 GULFSPRAY CIRCLE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIRD, TOWNSEND	
STREET ADDRESS	1194 RICHTER ST	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	T	<input type="checkbox"/> Delete
NAME	METZ, GEORGE	
STREET ADDRESS	20262 MACON LN	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input type="checkbox"/> Delete
NAME	DILLINGHAM, DON	
STREET ADDRESS	18558 KERRVILLE AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BROWN, AL	
STREET ADDRESS	22481 WESTCHESTER BLVD	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EXALTED RULER
STREET ADDRESS	AL BROWN CARL GERACE
CITY-ST-ZIP	700 JARVIS ST. 33948-5000
	PORT CHARLOTTE FL. 33948

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

Date

Daytime Phone #

4-1-04 941-629-4545