
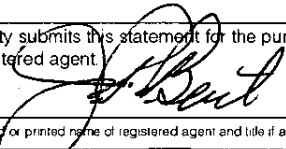


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90038 039 \*\*\*\*61.25

<b>DOCUMENT # 702942</b>			
1. Entity Name <b>PORT CHARLOTTE LODGE #2153 BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES</b>			
Principal Place of Business <b>4109 TAMiami TRAIL PORT CHARLOTTE FL 33952</b>		Mailing Address <b>PO BOX 496425 PORT CHARLOTTE FL 33949</b>	
2. Principal Place of Business <b>20225 KENILWORTH</b>		3. Mailing Address <b>SAME</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>PORT CHARLOTTE FL.</b>		City & State	
Zip <b>33949</b>	Country <b>CHARLOTTE</b>	Zip <b>33949</b>	Country <b>CHARLOTTE</b>
6. Name and Address of Current Registered Agent <b>BENT, JACK 2531 ALCALAY LN PORT CHARLOTTE FL 33952</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
<b>FL</b>		Zip Code	
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 		DATE <b>1-21-05</b>	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENT, JACK	NAME	
STREET ADDRESS	2531 ALCALAY STREET	STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRIER, CHARLES	NAME	
STREET ADDRESS	17288 GULFSPRAY CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRD, TOWNSEND	NAME	
STREET ADDRESS	1194 RICHTER ST	STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METZ, GEORGE	NAME	
STREET ADDRESS	20262 MACON LN	STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILLINGHAM, DON	NAME	
STREET ADDRESS	18558 KERRVILLE AVE	STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	CITY-ST-ZIP	
TITLE	ER <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERACE, CARL	NAME	
STREET ADDRESS	100 JARVIS DT	STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948-5020	CITY-ST-ZIP	



1st MOORE CR2E037 (10/04)

4. FEI Number **59-1392631** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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:  DATE: **1-21-05** DAYTIME PHONE #: **941-629-4545**