

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 22, 2007 8:00 am
Secretary of State

05-22-2007 90014 015 ****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

Mailing Address

20225 KENILWORTH
PORT CHARLOTTE FL 33952

PO BOX 496425
PORT CHARLOTTE FL 33949

2. Principal Place of Business - No P.O. Box #

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

VAPHIADES, PETER
2090 LERYL AVE
NORTH PORT FL 34286

Name James F. Hargrove Sr. PER

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

21947 CALVIN LN

Port Charlotte

City

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, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME S
STREET ADDRESS VAPHIADES, PETER
CITY-ST-ZIP 2090 LERYL AVE
NORTH PORT FL 34286

TITLE ☐ Change ☒ Addition
NAME 5
STREET ADDRESS Hargrove, James
CITY-ST-ZIP 21947 CALVIN LN.
Port Charlotte FL 33952

TITLE ☐ Delete
NAME D
STREET ADDRESS LOCKHART, MELVIN
CITY-ST-ZIP 1202 RED OAK LN
PORT CHARLOTTE FL 33948

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS BIRD, TOWNSEND
CITY-ST-ZIP 1194 RICHTER ST
PORT CHARLOTTE FL 33952

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME T
STREET ADDRESS METZ, GEORGE
CITY-ST-ZIP 20262 MACON LN
PORT CHARLOTTE FL 33952

TITLE ☐ Change ☒ Addition
NAME T
STREET ADDRESS Frank MAURO
CITY-ST-ZIP 15192 Chamblers Lane Blvd
Port Charlotte FL 33953

TITLE ☒ Delete
NAME D
STREET ADDRESS EYLER, III, IRA
CITY-ST-ZIP 3121 COOPER ST
PUNTA GORDA FL 33950

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Richard DePuy
CITY-ST-ZIP 21245 CHATBURN AVE
Port Charlotte FL 33952

TITLE ☐ Delete
NAME D
STREET ADDRESS GERACE, CARL
CITY-ST-ZIP 100 JARVIS DT
PORT CHARLOTTE FL 33948-5020

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

Date

Daytime Phone #

James F. Hargrove Sr. PER James F. Hargrove 4-11-07 9416294545