

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702942

FILED
Apr 08, 2009
Secretary of State

Entity Name: PORT CHARLOTTE LODGE #2153 BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA, INC.

Current Principal Place of Business:

20225 KENILWORTH BLVD
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

20225 KENILWORTH BLVD
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 59-1392631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARGROVE, JAMES F
21947 CALVIN LN
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

VAPHIADES, PETER E
24276 BUCKINGHAM WAY
PORT CHARLOTTE, FL 33980 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: PETER E. VAPHIADES

04/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: HARGROVE, JAMES F
Address: 21947 CALVIN LN
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: VAPHIADES, PETER E
Address: 24276 BUCKINGHAM WY
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: T () Delete
Name: SANDERS, SAMUEL A
Address: 7325 SATSUMA DR
City-St-Zip: PUNTA GORDA, FL 33955

Title: D () Delete
Name: STEVENS, MARK C
Address: 614 HARTFORD DR
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: DEPUY, RICHARD
Address: 21248 CHATBURN AVE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: GERACE, CARL
Address: 700 JARVIS DT
City-St-Zip: PORT CHARLOTTE, FL 33948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: VAPHIADES, PETER E
Address: 24276 BUCKINGHAM WAY
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: D (X) Change () Addition
Name: HARGROVE, DEBORAH A
Address: 21947 CALVIN LN
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PETER E. VAPHIADES

S

04/08/2009

Electronic Signature of Signing Officer or Director

Date