


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90316 002 ****61.25

DOCUMENT # N02000000007 1. Entity Name WEST ST LUCIE ELKS LODGE #2823, INC.					
Principal Place of Business 440 NW PEACOCK BLVD PORT SAINT LUCIE, FL 34986			Mailing Address PO BOX 881659 PORT SAINT LUCIE, FL 34988-1659		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 01-0613056	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HEINTZ, CAROL 474 SE WALTERS TERRACE PORT ST LUCIE, FL 34983				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	ER SMALLACOMBE, LEONARD 776 SW ARUBA BAY PORT SAINT LUCIE, FL 34986	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ER MICHAEL SCLAFANI 853 SW MUNTACK COVE PORT ST LUCIE, FL 34986
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LK RASCLAFANI, MICHAEL 853 SW MUNTACK COVE PORT SAINT LUCIE, FL 34986	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	LK MARY ANN MANNING 352 NW TUSCANY WAY PORT ST LUCIE, FL 34986
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHAEFER, FRANK 570 NW BUTLER AVE PORT SAINT LUCIE, FL 34983	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER TRINIDAD DIETZ 1226A NW BENTLEY CIRCLE PORT ST LUCIE, FL 34986
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARINELLI, RICHAD 3247 SE BEVIL AVE PORT SAINT LUCIE, FL 34984	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEINLEIN, HENRY 1684 SW HARBOUR ISLE CIR PORT SAINT LUCIE, FL 34986	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE CLIFFORD BRACKETT 6446 NW FLAIC ST PORT ST LUCIE, FL 34986
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEINTZ, CAROL 474 SE WALTERS TERRACE PORT ST LUCIE, FL 34983	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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 817, 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: <i>Michael Sclafani</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/25/04		Daytime Phone # 879-6765