


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90271 047 \*\*\*\*61.25

<b>DOCUMENT # N02000000007</b> 1. Entity Name <b>WEST ST LUCIE ELKS LODGE #2823, INC.</b>					
Principal Place of Business <b>440 NW PEACOCK BLVD PORT SAINT LUCIE, FL 34986</b>			Mailing Address <b>PO BOX 881659 PORT SAINT LUCIE, FL 34988-1659</b>		
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 <b>01-0613056</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>HEINTZ, CAROL 474 SE WALTERS TERRACE PORT ST LUCIE, FL 34983</b>				Name <b>CLIFFORD BRACKETT</b> Street Address (P.O. Box Number is Not Acceptable) <b>6446 NW FLAIR STREET</b> City <b>PORT ST LUCIE</b> FL Zip Code <b>34986</b>	
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 <i>Clifford Brackett</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>7-26-05</b>	
Filing Fee is \$61.25 Due by May 1, 2005		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	<b>ER SCLAFANI, MICHAEL 853 SW MUNJACK COVE PORT SAINT LUCIE, FL 34986</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ER KATHLEEN HEINLEIN 1694 SW HARBOUR ISLE CIRCLE PORT ST LUCIE, FL 34986</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LK MANNING, MARY ANN 352 NW TUSCANY WAY PORT SAINT LUCIE, FL 34986</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LK AL DINOLFO 337 DEARMAN STREET PORT ST LUCIE, FL 34983</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DIETZ, TRINIDAD 1226A NW BENTLEY CIRCLE PORT SAINT LUCIE, FL 34986</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MARINELLI, RICHAD 3247 SE BEVIL AVE PORT SAINT LUCIE, FL 34984</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MICHAEL SCLAFANI TRUSTEE 853 SW MUNJACK COVE PORT ST LUCIE, FL 34986</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TR BRACKETT, CLIFFORD 6446 NW FLAIR ST PORT SAINT LUCIE, FL 34986</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HEINTZ, CAROL 474 SE WALTERS TERRACE PORT ST LUCIE, FL 34983</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRUSTEE FRANK MILLER 1092 NW TUSCANY DRIVE PORT ST LUCIE, FL 34986</b> <input checked="" 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 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: <i>Clifford Brackett</i> <b>CLIFFORD L. BRACKETT</b> 7-26-05 772-418-0517					