

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000007

FILED
May 23, 2007
Secretary of State

Entity Name: WEST ST LUCIE ELKS LODGE #2823, INC.

Current Principal Place of Business:

440 NW PEACOCK BLVD
PORT SAINT LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

PO BOX 881659
PORT SAINT LUCIE, FL 349881659

New Mailing Address:

FEI Number: 01-0613056 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BRACKETT, CLIFFORD
6446 NW FLAIR STREET
PORT SAINT LUCIE, FL 34986 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ER () Delete
Name: DINOLA, ALFONSO
Address: 373 YARDLEY TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: LK () Delete
Name: SMALLACOMBE, BARBARA
Address: 776 SW ARUBA BAY
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: T () Delete
Name: DIETZ, TRINIDAD
Address: 1226A NW BENTLEY CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: T () Delete
Name: SCLAFANI, MICHAEL
Address: 853 SW MUNJACK COVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: TR () Delete
Name: BRACKETT, CLIFFOR
Address: 6446 NW FLAIR ST
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: T () Delete
Name: MILLER, FRANK
Address: 1032 NW TUSCANY DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ER (X) Change () Addition
Name: BRACKETT, CLIFFORD L
Address: 6446 NW FLAIR STREET
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: LK (X) Change () Addition
Name: WOLEK, THOM
Address: 401 SW JEFFERSON CIR
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: T (X) Change () Addition
Name: GOTTA, LOUIS
Address: 374 SW LAKE FOREST WAY
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: TR (X) Change () Addition
Name: SCLAFANI, MICHAEL
Address: 653 SW MUNJACK COVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: LECK (X) Change () Addition
Name: LEONARD, DONALD
Address: 272 W CARIBBEAN
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: TR (X) Change () Addition
Name: HASSLER, DAVID
Address: 722 SW MUNJACK CIR
City-St-Zip: PORT SAINT LUCIE, FL 34986

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: CLIFFORD L BRACKETT

ER

05/23/2007

Electronic Signature of Signing Officer or Director

Date