

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N02000000007

1. Entity Name

WEST ST LUCIE ELKS LODGE #2823, INC.



FILED

2008 SEP 17 AM 8:38

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/08)

4. FEI Number

01-0613056

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Wolek, Thom

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

401 SW Jefferson Circle

City

Port St. Lucie

FL

Zip Code

34986

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

X Thom Wolek X

ER

100135962741

09/16/08--01018--014--**61.25

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 September 3, 2008

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

TITLE ER
NAME BRACKETT, CLIFFORD L
STREET ADDRESS 6446 NW FLAIR STREET
CITY-ST-ZIP PORT SAINT LUCIE FL 34986 ☒ Delete

TITLE LK
NAME WOLEK, THOM
STREET ADDRESS 401 SW JEFFERSON CIR
CITY-ST-ZIP PORT SAINT LUCIE FL 34986 ☒ Delete

TITLE T
NAME GOTTA, LOUIS
STREET ADDRESS 374 SW LAKE FOREST WAY
CITY-ST-ZIP PORT SAINT LUCIE FL 34986 ☒ Delete

TITLE TR
NAME SCLAFANI, MICHAEL
STREET ADDRESS 653 SW MUNJACK COVE
CITY-ST-ZIP PORT SAINT LUCIE FL 34986 ☒ Delete

TITLE LECK
NAME LEONARD, DONALD
STREET ADDRESS 272 W CARIBBEAN
CITY-ST-ZIP PORT SAINT LUCIE FL 34952 ☒ Delete

TITLE TR
NAME HASSLER, DAVID
STREET ADDRESS 722 SW MUNJACK CIR
CITY-ST-ZIP PORT SAINT LUCIE FL 34986 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ER
NAME Wolek, Thom
STREET ADDRESS 401 SW Jefferson Cir
CITY-ST-ZIP Port St. Lucie, FL 34986 ☒ Change ☐ Addition

TITLE LK
NAME Dorothy McElaney
STREET ADDRESS 4882 NW Irriington Terrace
CITY-ST-ZIP Port St. Lucie, FL 34983 ☒ Change ☐ Addition

TITLE T
NAME Charlie Young
STREET ADDRESS 5742 NW Belwood Circle
CITY-ST-ZIP Port St. Lucie, FL 34986 ☒ Change ☐ Addition

TITLE LECK
NAME Jack Carmody
STREET ADDRESS 555 NW Portofino Lane
CITY-ST-ZIP Port St. Lucie, FL 34986 ☒ Change ☐ Addition

TITLE TR
NAME James Volpe
STREET ADDRESS 712 SW San Salvador Court
CITY-ST-ZIP Port St. Lucie, FL 34986 ☒ Change ☐ Addition

TITLE TR
NAME Florence Rossi
STREET ADDRESS 127 NW Bentley Circle
CITY-ST-ZIP Port St. Lucie, FL 34986 ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: X Thom Wolek X

ER

8/27/08