

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

DOCUMENT # N0200000007
 1. Entity Name
WEST ST LUCIE ELKS LODGE #2823, INC.



FILED

2008 SEP 17 AM 8:38

Principal Place of Business Mailing Address
440 NW PEACOCK BLVD **PO BOX 881659**
PORT SAINT LUCIE FL 34986 **PORT SAINT LUCIE FL 34988-1659**

SECRETARY OF STATE
 TALLAHASSEE, FL

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

2nd MOORE CR2E037 (4/08)

City & State City & State

4. FEI Number Applied For
01-0613056 Not Applicable

Zip Country Zip Country

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**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: **8/27/08**

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 NAME STREET ADDRESS CITY-ST-ZIP	ER BRACKETT, CLIFFORD L 6446 NW FLAIR STREET PORT SAINT LUCIE FL 34986 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LK WOLEK, THOM 401 SW JEFFERSON CIR PORT SAINT LUCIE FL 34986 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOTTA, LOUIS 374 SW LAKE FOREST WAY PORT SAINT LUCIE FL 34986 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SCLAFANI, MICHAEL 653 SW MUNJACK COVE PORT SAINT LUCIE FL 34986 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LECK LEONARD, DONALD 272 W CARIBBEAN PORT SAINT LUCIE FL 34952 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR HASSLER, DAVID 722 SW MUNJACK CIR PORT SAINT LUCIE FL 34986 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ER Wolek, Thom 401 SW Jefferson Cir Port St. Lucie, FL 34986 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LK Dorothy McElaney 4882 NW Irrington Terrace Port St. Lucie, FL 34983 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Charlie Young 5742 NW Belwood Circle Port St. Lucie, FL 34986 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LECK Jack Carmody 555 NW Portofino Lane Port St. Lucie, FL 34986 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR James Volpe 712 SW San Salvador Court Port St. Lucie, FL 34986 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Florence Rossi 127 NW Bentley Circle Port St. Lucie, FL 34986 <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 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**