

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000007

FILED
Mar 22, 2009
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 ()

Name and Address of Current Registered Agent:

WOLEK, THOM
401 SW JEFFERSON CIRCLE
PORT SAINT LUCIE, FL 34986 US

Name and Address of New Registered Agent:

MC ELANEY, DOROTHY
4882 NW IRRINGTON TERRACE
PORT SAINT LUCIE, FL 34983 US

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: DOROTHY MC ELANEY

03/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ER () Delete
Name: WOLEK, THOM
Address: 401 SW JEFFERSON CIR
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: LK () Delete
Name: MCELANEY, DOROTHY
Address: 4882 NW IRRINGTON TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: T () Delete
Name: YOUNG, CHARLIE
Address: 5742 NW BELWOOD CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: TR () Delete
Name: VOLPE, JAMES
Address: 712 SW SAN SALVADOR COURT
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: TR () Delete
Name: ROSSI, FLORENCE
Address: 127 NW BENTLEY CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: LECK () Delete
Name: CARMODY, JACK
Address: 555 NW PORTOFINO LANE
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ER (X) Change () Addition
Name: MC ELANEY, DOROTHY
Address: 4882 NW IRRINGTON TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: LK (X) Change () Addition
Name: BORIE, GERALD
Address: 516 SW MANATEE WAY
City-St-Zip: PORT ST LUCIE, FL 34986

Title: TREA (X) Change () Addition
Name: YOUNG, CHARLIE
Address: 5742 NW BELWOOD CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: LECK (X) Change () Addition
Name: FALGIA, JANE
Address: 534 SW LAKE MANATEE WAY
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: DOROTHY MC ELANEY

ER

03/22/2009

Electronic Signature of Signing Officer or Director

Date