

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000007

FILED  
Mar 21, 2010  
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:**

440 NW PEACOCK BLVD  
PORT SAINT LUCIE, FL 34986

**FEI Number:** 01-0613056

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

KRUSE, RONALD  
692 SW LAKE CHARLES CIRCLE  
PORT SAINT LUCIE, FL 34986 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: RONALD KRUSE

03/21/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ER  
Name: KRUSE, RONALD  
Address: 692 SW LAKE CHARLES CIRCLE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: LK  
Name: GARBE, JUDITH  
Address: 709 SW ARUBA BAY  
City-St-Zip: PORT ST LUCIE, FL 34986

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

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

Title: TR  
Name: STAVRAKOS, THEODORE  
Address: 1211 NW BENTLEY CIRCLE APT A  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: LECK  
Name: FALGIA, JANE  
Address: 534 SW LAKE MANATEE WAY  
City-St-Zip: PORT SAINT LUCIE, FL 34986

I hereby 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 all other like empowered.

SIGNATURE: RONALD KRUSE

ER

03/21/2010

Electronic Signature of Signing Officer or Director

Date