FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N10980 (3)

1. Corporation Name

PORT ST. LUCIE LODGE NO. 2658, INC., BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATE

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2210 LENNARD RD. P O BOX 8152 PORT ST. LUCIE FL 34985	2210 LENNARD RD. P O BOX 8152 PORT ST. LUCIE FL 34985

3. Date Incorporated or Qualified: 09/05/1985
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2270892 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
21	26	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHARLES BUDDY YATES 5611-BIRCH DRIVE PORT ST. LUCIE FL 34982	81 Name: RODNEY L. SPIVEY 82 Street Address (P.O. Box Number is Not Acceptable): 1497-S.W. ALGARDI LANE 83: PORT ST. LUCIE, FL. 34953 84 City: FL 85 Zip Code: 34953

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: RODNEY L. SPIVEY (PRESIDENT) R.L. Spivey DATE: 4-20-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	☑ Change ☐ Addition
NAME	ANNUNZIATA, RALPH	1.2 NAME	EDWARD C.TRAINOR JR.
STREET ADDRESS	1031-SEAGRASS AVENUE, SE	1.3 STREET ADDRESS	32-FLAMENGO WAY
CITY-ST-ZIP	PORT ST. LUCIE FL	1.4 CITY-ST-ZIP	PORT ST. LUCIE, FL. 34952
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HEINTZ, THOMAS H.	2.2 NAME	
STREET ADDRESS	474-WALTERS TERR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PT. ST. LUCIE FL 34983	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	FLORIDIA, JOHN	3.2 NAME	
STREET ADDRESS	133 SURFSIDE AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	LANDRUM, OLAN M.	4.2 NAME	
STREET ADDRESS	762-SE DAMASK AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PT. ST. LUCIE FL 34983	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	NELSON, ARTHUR J.	5.2 NAME	
STREET ADDRESS	2401 SE TRAIL AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	BAKER, KENNETH BAKER	6.2 NAME	
STREET ADDRESS	50 W. CARIBBEAN	6.3 STREET ADDRESS	
CITY-ST-ZIP	PT. ST. LUCIE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: RODNEY L. SPIVEY R.L. Spivey 4-20-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0070844