

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N10980 (3)
1. Corporation Name
PORT ST. LUCIE LODGE NO. 2658, INC., BENEVOLENT
AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES



Principal Place of Business Mailing Address
2280 LENNARD RD.
P O BOX 8152
PORT ST. LUCIE FL 34985
2280 LENNARD RD.
P O BOX 8152
PORT ST. LUCIE FL 34985

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

SPIVEY, RODNEY L.
1497 SW ALGARDI LANE
PORT ST. LUCIE FL 34953

3. Date Incorporated or Qualified 09/05/1985 3a. Date of Last Report 04/26/1995

4. FEI Number 59-2270892 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

81 Name ERWIN GIESEMANN
82 Street Address (P.O. Box Number is Not Acceptable) 1010- S.E. DAMASK AVE.
83
84 City PORT ST. LUCIE, FL 85 Zip Code 34983

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE ERWIN GIESEMANN--EXALTED RULER JUNE 20-1996
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

T
TITLE
NAME TRAINOR, EDWARD C. J
STREET ADDRESS 32 FLAMENGO WAY
CITY - ST - ZIP PORT ST. LUCIE FL
DELETE

D
TITLE
NAME HEINTZ, THOMAS H.
STREET ADDRESS 474 WALTERS TERR.
CITY - ST - ZIP PT. ST. LUCIE FL 34983
DELETE

D
TITLE
NAME FLORIDIA, JOHN
STREET ADDRESS 133 SURFSIDE AVE
CITY - ST - ZIP PORT ST. LUCIE FL
DELETE

D
TITLE
NAME LANDRUM, OLAN M.
STREET ADDRESS 762-SE DAMASK AVE.
CITY - ST - ZIP PT. ST. LUCIE FL 34983
DELETE

T
TITLE
NAME NELSON, ARTHUR J.
STREET ADDRESS 2401 SE TRAIL AVENUE
CITY - ST - ZIP PORT ST. LUCIE FL
DELETE

S
TITLE
NAME BAKER, KENNETH BAKER
STREET ADDRESS 50 W. CARIBBEAN
CITY - ST - ZIP PT. ST. LUCIE FL
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
Change Addition

4.1 TITLE CHARLES YATES
4.2 NAME 5611-BIRCH DR.
4.3 STREET ADDRESS FORT PIERCE, FL, 34982
4.4 CITY - ST - ZIP
Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
Change Addition

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)(k), 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:

ERWIN GIESEMANN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-17-96

335-3667

CR2E037 (3/96)