NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # N10980

1. Corporation Name

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

Principal Place of Business								
2290 LENNARD RD.								
P O BOX 8152								
PORT ST. LUCIE FL 34985								

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2290 LENNARD RD. P O BOX 8152

2a. Mailing Address

Suite, Apt. #, etc.

PORT ST. LUCIE FL 34985

FILED May 01, 1999 8:00 am § Secretary of State

05-01-1999 90071 030 ****61.25

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Applied For

3. Date Incorporated or Qualifed

09/05/1985

4. FEI Number

City & State State State State State Status Desired Status De	22		27				59-2270892		~ Not	Applicable	
Security Zip Country Zip		e		The state of the s			E Contiferate of Chatter Desired		\$8.75 A	dditional	
Zip Country 2 Zip Country 5 Sp. 00 May 18 Added to Fees 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Name 12. Nam	- '	•	 				5. Certificate of Status Desired	Ш	Fee Red	quired	
SOUTHARD, FLOYD 2074-SE, CROWBERRY DR PORT ST. LUCIE FI 34952 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 agent. I amount of 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 agent. I amount of 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 amount of 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 office or submits this statement for the purpose of changing its registered office or registered agent agent. I amount of the purpose of changing its registered office or registered agent agent. I amount of the purpose of changing its registered office or registered agent. I amount of the purpose of changing its registered office or registered agent agent. I amount of the purpose of changing its registered of the purpose of changing its registered of the appointment as registered agent. I amount of the purpose of changing its registered of the appointment as registered agent. I amount of the purpose of changing its registered of the appointment as registered agent. I amount of the purpose of changing its registered agent. I amount of the purpose of changing its registered agent. I amount of the purpose of changing its registered agent. I amount of the purpose of changing its registered agent. I amount of the purpose of changing its registered agent. I amount of the purpose of changing its registered agent. I amount of t		Country		Zip Count			6. Election Campaign Financing		\$5.00	May Be	
9. Name and Address of Current Registered Agent Street Aggistered Agent	-	25	29	30				Ц			
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	CITY-ST-ZIP "	PI. 31. LUCIE FL	this filing does not gual							formation	

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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, with all other like empowered

SIGNATURE

SIGNATURE REQUIRED

enwell about (561) 335 3557

KZEUS/ (11/30)