

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90022 003 ****61.25

DOCUMENT # N10980

1. Entity Name

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



Principal Place of Business

2290 LENNARD RD.
P O BOX 8152
PORT ST. LUCIE FL 34985

Mailing Address

2290 LENNARD RD.
P O BOX 8152
PORT ST. LUCIE FL 34985

2. Principal Place of Business

SAME

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2270892

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATTHEWS, MYRON AL
1494 SE LENNARD RD
PORT SAINT LUCIE FL 34952

7. Name and Address of New Registered Agent

Name

EDWARD W. GRAVIUS

Street Address (P.O. Box Number is Not Acceptable)

673- S.W. COLLEGE PARK RD.

PORT ST. LUCIE, FL. 34953

City

PORT ST. LUCIE,

FL

Zip Code

34953

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **EDWARD W. GRAVIUS (EXALTED RULER)** *Edward W. Gravius*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-28-04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE TR ☐ Delete
NAME GIESEMANN, ERWIN
STREET ADDRESS 63 MEDITERANEAN EAST
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE TR ☐ Delete
NAME TRAINOR, EDWARD C JR
STREET ADDRESS 6 JUAREZ LANE
CITY-ST-ZIP PORT SAINT LUCIE FL 34952

TITLE TR ☒ Delete
NAME MATELA, RICHARD J JR
STREET ADDRESS 2033 SE CAMDEN STREET
CITY-ST-ZIP PORT SAINT LUCIE FL 34952

TITLE TR ☐ Delete
NAME MANNA, FRANK S
STREET ADDRESS 2206 SE CHARLESTON DR
CITY-ST-ZIP PORT SAINT LUCIE FL 34952

TITLE TR ☐ Delete
NAME SIMONELLI, AUGUSTUS J
STREET ADDRESS 2911 SE DALHART RD
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE S ☒ Delete
NAME BAKER, KENNETH A
STREET ADDRESS 50 W. CARIBBEAN
CITY-ST-ZIP PT. ST. LUCIE FL 34952

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TR. ☒ Change ☐ Addition
NAME MYRON AL MATTHEWS
STREET ADDRESS 1494-S.E. LENNARD RD.
CITY-ST-ZIP PORT ST. LUCIE, FL. 34952

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S. ☒ Change ☐ Addition
NAME SHIRLEY D. NALBANDIAN
STREET ADDRESS 1817-s.e.RAINIER RD.
CITY-ST-ZIP PORT ST. LUCIE, FL. 34952

12. 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 indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SHIRLEY D. NALBANDIAN** *Shirley D Nalbandian* 3/2/04 772-335-3517

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #