

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90291 011 ****61.25

DOCUMENT # N10980



1. Entity 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

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

20019040



2. Principal Place of Business

same

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2270892

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRAVIUS, EDWARD W
673 SW COLLEGE PARK RD
PORT SAINT LUCIE, FL 34953**

Name
Alice Manos

Street Address (P.O. Box Number is Not Acceptable)
1384 SW Axtell Ave.

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 **Alice Manos (Exalted Ruler)**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Trustee
Tom H. Douglas
229 SE Village Dr., PSL, FL 34952** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR
MATTHEWS, MYRON A
1494 SE LENNARD RD
PORT SAINT LUCIE, FL 34952** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Trustee
Edward W. Gravius
673 SW College Park Rd
Port St. Lucie 34953** ☒ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
NALBANDIAN, SHIRLEY D
1817 SE RAINIER RD
PT. ST. LUCIE, FL 34952** ☐ Delete

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

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, Secretary**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shirley D Nalbandian 772-335-3557
3/3/05 Daytime Phone #