2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N10980 1. Entity Name PORT ST. LUCIE LODGE NO. 2658, INC., BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATE						03-07-200	05 90291 0)11 ***	*61.25
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 11111111				
'		3. Mailing Address	. Mailing Address						KLI H 1335
Same Suite, Apt. #, etc.		Same Suite, Apt. #, etc.		04400000					
cono, von		Gano, Fpt. N, Glo.			01132005	Chg-NP	CR2E037 ((10/03)	
City & State		City & State			4. FEI Number 59-2270			_ 	plied For t Applicable
Zip	Country	Zip	Country .		5. Certificate o	of Status Desired		3.75 Add e Required	
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New F	legistered Age	ent	
CRAVILIS EDWARD W				Name Alice Manos					
GRAVIUS, EDWARD W 673 SW COLLEGE PARK RD			Stre	Street Address (P.O. Box Number is Not Acceptable)					
PORT SAINT LUCIE, FL 34953			-	1304	SW AXL	ell. Ave	-		
			City				FL	Zip Code	e
6. The charge pages and the property this statement by the suppose of physicis in section in					Lucie			349	
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 Rorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Alice Manos (Exalted Ruler)									
SIGNATURE.					<u> </u>	<u> </u>			
	Signature, typed or printed name of registered agent a	nd title it applicable. (NOTE: i	Registered Agent s	rjanume rednjued	(when reinstating)		DATE .		
· ·	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co	paign Financio ntribution.	ng	\$5.00 May Be Added to Fees	Fla	fake check p	ent of St	ete
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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.

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

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