


FILED
Mar 22, 2005 8:00 am
Secretary of State

01-24-2005 90032 021 ****61.25

**2005 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 710187			
1. Entity Name STUART LODGE NO 1282, LOYAL ORDER OF MOOSE, INC.			
Principal Place of Business 2454 SE INDIAN AVENUE P.O. BOX 506 STUART, FL 34995		Mailing Address 2454 SE INDIAN AVENUE P.O. BOX 506 STUART, FL 34995	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 23-7161400		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
9. 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: <i>Wm. Beauregard</i>		DATE: 2-25-05	
Filing Fee is \$61.25 - Due by May 1, 2005		10. Election Campaign Financing Total Fund Contribution: <input type="checkbox"/> \$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	A BEAUCEGUAD, WILLIAM F 880 SE EAGLE AVE HOBE SOUND, FL 33460	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			BEAUREGARD 8500 SE EAGLE AVE
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRADLEY, CONRAD 4703 SW 84TH ST PALM CITY, FL 34980	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JPG TAYLOR, THOMAS R 1900 PALM CITY RD APT 1-104 STUART, FL 34994	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			TREASURER
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JGD CARSON, GREG M 1154 SE ROYAL GREEN CIRCLE APT N 204 JENSEN, FL 39968	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			GR. Past Governor
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JPG PIATT, PAUL 3184 SE JEFFERSON ST STUART, FL 34997	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			PIATT, i
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PUSTAY, WAYNE P 5602 RIVERBOAT DR STUART, FL 34994	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			Governor
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 a correct, true composition.			
SIGNATURE: <i>Wm. Beauregard</i>		DATE: 3-18-2005	

66006708



01182005 Chg-NP CR2E037 (10/03)



Administrator Wm. Beauregard
 Stuart Moose #1282
 P.O. Box 506
 Stuart, FL 34995