


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 05, 2008 8:00 am
Secretary of State

09-05-2008 90003 011 ****61.25

DOCUMENT # 710187
 1. Entity Name
STUART LODGE NO 1282, LOYAL ORDER OF MOOSE, INC.



Principal Place of Business Mailing Address
 2454 SE INDIAN AVENUE 2454 SE INDIAN AVENUE
 P.O. BOX 506 P.O. BOX 506
 STUART FL 34995 STUART FL 34995

40110000



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 2nd MOORE CR2E037 (4/08)

City & State City & State
 4. FEI Number 23-7161400 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
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By September 3, 2008

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 | A | <input checked="" type="checkbox"/> Delete |
| NAME | BEAUREGARD, WILLIAM | |
| STREET ADDRESS | 8500 SOUTHEAST EAGLE AVENUE | |
| CITY-ST-ZIP | HOBE SOUND FL 33455 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | CHAMBERLIN, ROBERT | |
| STREET ADDRESS | 2813 SOUTHEAST ELLENDALE STREET | |
| CITY-ST-ZIP | STUART FL 34997 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | TAYLOR, THOMAS F | |
| STREET ADDRESS | 3864 INWOOD PINES LANE | |
| CITY-ST-ZIP | PALM CITY FL 34990 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | BARRASSO, ANTHONY | |
| STREET ADDRESS | 1230 PARKVIEW PLACE D-4 | |
| CITY-ST-ZIP | STUART FL 34994 | |
| TITLE | JPG | <input type="checkbox"/> Delete |
| NAME | MATERIOLI, RONALD | |
| STREET ADDRESS | 1090 SOUTHEAST BUTTONWOOD CIRCLE | |
| CITY-ST-ZIP | STUART FL 34997 | |
| TITLE | G | <input checked="" type="checkbox"/> Delete |
| NAME | HELMS, JOHN | |
| STREET ADDRESS | 1162 SOUTHWEST ESTAUGH AVENUE | |
| CITY-ST-ZIP | PORT SAINT LUCIE FL 34953 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------|---|
| TITLE | A | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Justin Bridenbald | |
| STREET ADDRESS | 8627 SW 18th AVE | |
| CITY-ST-ZIP | STUART FL 34997 | |
| TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MARTIN KOERNER | |
| STREET ADDRESS | 3100 SE WILLOUGHBY BLVD | |
| CITY-ST-ZIP | STUART FL 34994 | |
| TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LOUIS CALDAROLA | |
| STREET ADDRESS | 61 SW 50 RIVER DR APT 101 | |
| CITY-ST-ZIP | STUART FL 34997-3219 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANTHONY C. BARRASSO | |
| STREET ADDRESS | 1230 S.E. PARKVIEW PL D-9 | |
| CITY-ST-ZIP | STUART, FL 34994 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Neal Rice | |
| STREET ADDRESS | 2968 SE Delmar ST | |
| CITY-ST-ZIP | STUART FL 34997 | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]* **Aug 30, 2008** 287-2400