

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90302 018 ****61.25

0062341

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**

60007182



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-7161400**
Applied For
Not Applicable

City & State

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

**LEXIS DOCUMENT SERVICES INC.
8500 SE EAGLE AVE
HOBE SOUND FL 33455**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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 Delete
DR WACHTER, WILLIAM
STREET ADDRESS **3878 SW WISPERING SOUND DR**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE NAME Change Addition
WILLIAM H WACHTER
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
TD WATERMAN, RICHARD
STREET ADDRESS **2954 SE INDIA ST**
CITY-ST-ZIP **STUART FL 34997**

TITLE NAME Change Addition
CONRAD BRADLEY
STREET ADDRESS **4703 SW 84TH ST**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE NAME Delete
JPG FLEMING, STAN
STREET ADDRESS **PO BOX 632**
CITY-ST-ZIP **PORT SALERNO FL 34492**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
JGD CARSON, GREG N
STREET ADDRESS **PO BOX 1184**
CITY-ST-ZIP **JENSEN FL 39958**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
G PIATT, PAUL
STREET ADDRESS **3194 SE JEFFERSON ST**
CITY-ST-ZIP **STUART FL 34997**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
T AMICO, VICENT
STREET ADDRESS **6751 SE RAIN TREE AVE**
CITY-ST-ZIP **STUART FL 34994**

TITLE NAME Change Addition
WAYNE P. PUSTAY
STREET ADDRESS **5802 RIVERBOAT DR.**
CITY-ST-ZIP **STUART FL 34994**

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: *Signature*

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1-10-2003 287-2400

CR2E037 (10/02)