

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90102 031 ****61.25

DOCUMENT # 711455



1. Entity Name
GOLDEN TRIANGLE LODGE NO. 874, LOYAL ORDER OF MOOSE, INC.

Principal Place of Business
**1901 TITCOMB ST
 EUSTIS, FL 32726-6150**

Mailing Address
**PO BOX 1370
 EUSTIS, FL 32727-1370**

50011244



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-1278267

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

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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

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, 2006**

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 Delete
 NAME **GD YOUNG, CHARLES**
 STREET ADDRESS **1104 ROBIE AVE**
 CITY-ST-ZIP **MOUNT DORA, FL 32757**

TITLE Change Addition
 NAME **GD Steve Ostrom**
 STREET ADDRESS **3017 Rainbow**
 CITY-ST-ZIP **TAVARES, FL 32778**

TITLE Delete
 NAME **SD HICKMAN, THOMAS G**
 STREET ADDRESS **115 JACARANDA DR.**
 CITY-ST-ZIP **LEESBURG, FL 34788839**

TITLE Change Addition
 NAME **SD Tommy Nichols**
 STREET ADDRESS **3224 Manatee Rd.**
 CITY-ST-ZIP **TAVARES, FL 32778**

TITLE Delete
 NAME **TDG RICKE, GERALD S**
 STREET ADDRESS **1307 E. 5TH STREET**
 CITY-ST-ZIP **MOUNT DORA, FL 32757**

TITLE Change Addition
 NAME **TDG Charles Young**
 STREET ADDRESS **1104 Robie Ave.**
 CITY-ST-ZIP **Mt. Dora, FL 32757**

TITLE Delete
 NAME **PD NESBITT, DAVID**
 STREET ADDRESS **3324 MYAKKA RIVER ROAD**
 CITY-ST-ZIP **TAVARES, FL 32778**

TITLE Change Addition
 NAME **PD John Prost**
 STREET ADDRESS **22 Bahia Way**
 CITY-ST-ZIP **Leesburg, FL 34788**

TITLE Delete
 NAME **TD ANDERSON, LEN**
 STREET ADDRESS **1047 CLAY BLVD**
 CITY-ST-ZIP **EUSTIS, FL 32726**

TITLE Change Addition
 NAME **TD William Tetrault**
 STREET ADDRESS **73 Camellia Way**
 CITY-ST-ZIP **Mt. Dora, FL 32757**

TITLE Delete
 NAME **TD THOMPSON, KENNETH P**
 STREET ADDRESS **1208 LEE STREET #132**
 CITY-ST-ZIP **LEESBURG, FL 34748**

TITLE Change Addition
 NAME **TD Dudley Brown**
 STREET ADDRESS **307 Magnolia Drive**
 CITY-ST-ZIP **Leesburg, FL 34788**

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: *Thomas G. Hickman* **THOMAS G. HICKMAN**

Date **4/10/06** Daytime Phone # **352-387-5897**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #