


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2007 8:00 am
Secretary of State

08-10-2007 90047 028 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		08012007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1278267	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007			9. Election Campaign Financing Trust 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	GD	<input checked="" type="checkbox"/> Delete	TITLE	GD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OSTROM, STEVE		NAME	William ARBOLD	
STREET ADDRESS	3017 RAINBOW		STREET ADDRESS	23 SEA FERN DRING	
CITY-ST-ZIP	TAVARES, FL 32778		CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICHOLS, TOMMY		NAME	Tommy Nichols	
STREET ADDRESS	3224 MANATEE RD		STREET ADDRESS	3224 MANATEE RD.	
CITY-ST-ZIP	TAVARES, FL 32778		CITY-ST-ZIP	TAVARES, FL 32778	
TITLE	TDG	<input checked="" type="checkbox"/> Delete	TITLE	TDG	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG, CHARLES		NAME	STEVE OSTROM	
STREET ADDRESS	1104 ROBIE AVE		STREET ADDRESS	3017 RAINBOW	
CITY-ST-ZIP	MOUNT DORA, FL 32757		CITY-ST-ZIP	TAVARES, FL 32778	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PROST, JOHN		NAME	DAVID WATSON	
STREET ADDRESS	22 BAHIA WAY		STREET ADDRESS	37207 SOUTH FISHCAMP RD.	
CITY-ST-ZIP	LEESBURG, FL 34788		CITY-ST-ZIP	GRAND ISLAND, FL 32735	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TETRAULT, WILLIAM		NAME	William RORY	
STREET ADDRESS	73 CAMELLIA WAY		STREET ADDRESS	28410 HAZELTOP COURT	
CITY-ST-ZIP	MOUNT DORA, FL 32757		CITY-ST-ZIP	LEESBURG, FL 34748-9050	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, DUDLEY		NAME	Richard DIXON	
STREET ADDRESS	307 MAGNOLIA DR		STREET ADDRESS	1015 SOUTHLAND DR.	
CITY-ST-ZIP	LEESBURG, FL 34788		CITY-ST-ZIP	TAVARES, FL 32778	
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: <i>Tommy Nichols</i>			Date: 8-2-2007		Daytime Phone #: 352-357-5897
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CK# 6985