## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Jul 24, 2006 8:00 am Secretary of State **DOCUMENT # 713261** 1. Entity Name 07-24-2006 90006 003 \*\*\*\*61.25 HALLANDALE MOOSE LODGE NO 668, LOYAL ORDER OF MOOSE, INCORPORATED Principal Place of Business Mailing Address 920-24 S.W. 11TH ST. HALLANDALE FL 33009-6822 920-24 S.W. 11TH ST. HALLANDALE FL 33009-6822 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E037 (4/06) Applied For City & State City & State 4. FEI Number 59-1571805 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be 9. Election Campaign Financing Due By September 6, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition HUMMER, KRISTOPHER NAME NAME 6118 SOUTHWEST 39TH COURT STREET ADDRESS STREET ADDRESS DAVIE FL 33314 CITY-ST-ZIP CITY-ST-ZIP **Change** Delete ☐ Addition TITLE TITLE RAMOS, ROBERTO NAME NAME Riok 7509 HAYES ST STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33024 CITY-ST-ZIP CITY-ST-ZIP SD TITLE ☐ Delete TITLE Change Addition **BOWMAN, TERRY** NAME 920 S.W. 11TH ST. STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009 CHY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE ☐ Delete TILLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition

12. Thereby 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.

NAME

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

**FILED**