2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT #713261 01-22-2008 90060 040 ****61.25 1. Entity Name HALLANDALE MOOSE LODGE NO 668, LOYAL ORDER OF MOOSE, INCORPORATED Principal Place of Business Mailing Address 920-24 S.W. 11TH ST. 920-24 S.W. 11TH ST. HALLANDALE, FL 33009-6822 US HALLANDALE, FL 33009-6822 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 59-1571805 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32301-2525 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, I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Due by May 1, 2008 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 GD **HILE** Delete TITLE **⊠**Change ☐ Addition Frieders NAME GARDNER, GREG NAME 5.4 STREET ADDRESS 305 SW 6TH ST STREET ADDRESS HALLANDALE BEACH, FL 33009 CITY-ST-ZIP CITY-ST-ZIP TD TITLE ☐ Delete FITE Change ☐ Addition SABATO, RICK J STREET ADDRESS 624 S.W. 2ND ST STREET ADDRESS HALLANDALE BEACH, FL 33009 CITY-ST-ZIP CITY-ST-ZIP SD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME **BOWMAN, TERRY** 920 S.W. 11TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HALLANDALE, FL 33009 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Jan 22, 2008 8:00 am