

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90172 003 \*\*\*\*70.00

**DOCUMENT # 715372**  
 1. Entity Name  
**FORT WALTON BEACH LODGE NO. 2193, LOYAL ORDER OF MOOSE, INC.**



Principal Place of Business      Mailing Address  
**187 G GREEN ACRES ROAD**      **P.O. BOX 1733**  
**FT. WALTON BEACH FL 32529**      **FORT WALTON BEACH FL 32529**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-1361953**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



1st MOORE      CR2E037 (10/04)

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

TITLE NAME	PD BROCHU, HENRY -	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1406 22ND	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE NAME	S SHIPMAN, HENRY J	<input type="checkbox"/> Delete
STREET ADDRESS	679 RANDALL ROBERTS RD	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE NAME	T SMITH, GLENN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1013 ASPEN CT	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE NAME	D KNOLL, JOE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	645 JAMES LEE ROAD, #165	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE NAME	D CORNUTT, FLOYD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	364 GARDNER DR	
CITY-ST-ZIP	FT WALTON BEACH FL 32548	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P Macks Earnest	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	213 Kathren St	
CITY-ST-ZIP	Ft Walton Beach, FL 32548	
TITLE NAME	T Boyd, Joe	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	501 Union St	
CITY-ST-ZIP	Ft Walton Beach, FL 32547	
TITLE NAME	VP Monroe Green	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1312 Greendale Ave	
CITY-ST-ZIP	Ft Walton Beach, FL 32547	
TITLE NAME	D Ginn, Harbert	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	114 Willard Rd NW	
CITY-ST-ZIP	Ft Walton Beach, FL 32548	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:      Date: **21 Apr 2005**      Daytime Phone #: **850 962 8086**