


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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

06 DEC -1 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 187 G GREEN ACRES ROAD FT. WALTON BEACH, FL 32529	Mailing Address P.O. BOX 1733 FORT WALTON BEACH, FL 32529
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

10092006 REIN-NP CR2E099 (11/05) *06*

City & State	City & State	4. FEI Number 59-1361953	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name <u>Brian Trundy</u> Street Address (P.O. Box Number Is Not Acceptable) <u>618 Burgundy Ln</u> City <u>Ft. Walton Beach</u> <u>FL</u> Zip Code <u>32548</u>

B. 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: *Brian Trundy* DATE: 10/11/06

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25
After January 1, 2007, Fee will be \$297.50

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACKS, EARNEST			NAME	Trundy, Brian		
STREET ADDRESS	213 KATHREN ST			STREET ADDRESS	38 Burgundy Ln		
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548			CITY-ST-ZIP	Fort Walton Beach, FL 32547		
TITLE	S	<input type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHIPMAN, HENRY J			NAME	Steeb, Herert		
STREET ADDRESS	679 RANDALL ROBERTS RD			STREET ADDRESS	10 Handolin Ln		
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547			CITY-ST-ZIP	Shaliamr, FL 32549		
TITLE	T	<input type="checkbox"/> Delete		TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOYD, JOE			NAME	Green, Monroe		
STREET ADDRESS	501 UNION ST			STREET ADDRESS	1312 GreenAcres Rd		
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547			CITY-ST-ZIP	Fort Walton Beach, FL 32547		
TITLE	VP	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MONROE, GREEN			NAME	Ginn, Harbert		
STREET ADDRESS	1312 GREENDALE AVE			STREET ADDRESS	114 Willard Rd		
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547			CITY-ST-ZIP	Fort Walton Beach, FL 32548		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GINN, HARBERT			NAME	Brochu, Henry		
STREET ADDRESS	114 WILLARD RD NW			STREET ADDRESS	1406 22nd Street		
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548			CITY-ST-ZIP	Niceville, FL 32580		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Brian Trundy* DATE: 10/11/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #