


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2007 8:00 am
Secretary of State

04-26-2007 90196 025 ****61.25

DOCUMENT # 715372			
1. Entity Name FORT WALTON BEACH LODGE NO. 2193, LOYAL ORDER OF MOOSE INC.			
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	
2. Principal Place of Business - No P.O. Box 215 Green Acres Rd		Mailing Address 215 GREEN ACRES RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ft. Walton Beach, FL		City & State Ft. Walton Beach, FL	
Zip 32547		Country USA	
3. FEI Number 59-1361953		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRUNDY, BRIAN 618 BURGUNDY LANE FT. WALTON BEACH, FL 32548		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 <i>Brian Trundy</i>		DATE <i>4/24/07</i>	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 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 NAME STREET ADDRESS CITY-ST-ZIP	P MACKS, EARNEST 213 KATHREN ST FORT WALTON BEACH, FL 32548 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Trundy, Brian 618 Burgundy Ln Ft. Walton Beach, FL 32547 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHIPMAN, HENRY J 879 RANDALL ROBERTS RD FORT WALTON BEACH, FL 32547 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Steeb, Herb 10 Handolin Ln Shalimar, FL 32579 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOYD, JOE 501 UNION ST FORT WALTON BEACH, FL 32547 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roberts, Bill 1005 Shalimar Pointe Shalimar, FL 32579 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MONROE, GREEN 1312 GREENDALE AVE FORT WALTON BEACH, FL 32547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GINN, HARBERT 114 WILLARD RD NW FORT WALTON BEACH, FL 32548 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brochu, Henry 1406 22nd Street Niceville, FL 32578 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 alike empowered.			
SIGNATURE: <i>Brian Trundy</i>		DATE: <i>5/12/07</i> PHONE: <i>850-585-0235</i>	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	