

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715372

FILED
Jun 07, 2010
Secretary of State

Entity Name: FORT WALTON BEACH LODGE NO. 2193, LOYAL ORDER OF MOOSE, INC.

Current Principal Place of Business:

215 GREEN ACRES RD.
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

215 GREEN ACRES RD.
FORT WALTON BEACH, FL 32547

New Mailing Address:

FEI Number: 59-1361953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: GREEN, MONROE
Address: 1312 GREENDALE AVE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: T
Name: SWORDS, JOE
Address: 228 BRADELY
City-St-Zip: FORT WALLTON BEACH, FL 32548

Title: D
Name: SULLIVAN, WAYNE
Address: 8365 FORT WORTH ST
City-St-Zip: NAVARRE, FL 32566

Title: VP
Name: CORNUTT, FLOYD
Address: 364 GARDNER DR
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D
Name: KELLY, JOHN
Address: 1008 ASPEN CT
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: ADM
Name: LEACH, JOHN
Address: 3 WINDFIELD WAY
City-St-Zip: MARY ESTHER, FL 32569

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN LEACH

ADM

06/07/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date