

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715372

FILED
Apr 16, 2012
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
FT. WALTON BEACH, FL 32547 US

New Principal Place of Business:

Current Mailing Address:

215 GREEN ACRES RD
FT. WALTON BEACH, FL 32547 US

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: HOLLINGSWORTH, MICHAEL
Address: 4 MIRACLE STRIP PKWY
City-St-Zip: MARY ESTHER, FL 32569

Title: D
Name: MCLEAN, GENE
Address: 270 DESTIN RD
City-St-Zip: MARY ESTHER, FL 32569

Title: T
Name: BROCHU, HENRY
Address: 1406 22ND STREET
City-St-Zip: NICEVILLE, FL 32580

Title: D
Name: SWEENEY, MARK
Address: 1310 GREEN ACRES RD
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: VP
Name: BEYER, WAYNE
Address: 696 TYNE ST #15
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: ADM
Name: TRUNDY, BRIAN
Address: 618 BURGUNDY LANE
City-St-Zip: FT. WALTON BEACH, FL 32548

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: BRIAN TRUNDY

ADM

04/16/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date