
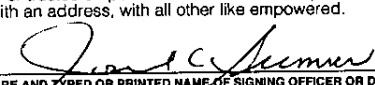


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 8:00 am**  
**Secretary of State**

01-15-2004 90011 029 \*\*\*\*61.25

<b>DOCUMENT # 724213</b>					
1. Entity Name ZEPHYRHILLS LODGE NO. 2276, LOYAL ORDER OF MOOSE, INC.					
Principal Place of Business 3211 GALL BLVD. ZEPHYRHILLS, FL 33541-6879			Mailing Address 3211 GALL BLVD. ZEPHYRHILLS, FL 33541-6879		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1406036</b>	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
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		
			<b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUNTER, WILLIAM J		NAME	CHARLES BALDERSTONE	
STREET ADDRESS	6041 18TH ST		STREET ADDRESS	36112 BASS DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540		CITY-ST-ZIP	DADE CITY, FL 33525	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTWELL, DONALD E		NAME	DANA W FORD	
STREET ADDRESS	4638 WINSTERIA DR		STREET ADDRESS	5544 RIVIERA DR	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541		CITY-ST-ZIP	ZEPHYRHILLS, FL 33541	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMNER, JOSEPH C		NAME		
STREET ADDRESS	1194 CR 439		STREET ADDRESS		
CITY-ST-ZIP	LAKE PANASOFFKEE, FL 33538		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VESSLES, WILLIAM J		NAME	Richard P Higson	
STREET ADDRESS	37517 TRADEWIND DR		STREET ADDRESS	4830 19th St.	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541		CITY-ST-ZIP	Zephyrhills, FL 33540	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELYEA, GARY R		NAME	HENRY G PERDUE	
STREET ADDRESS	5241 POPPY ST		STREET ADDRESS	5120 VELONCA ST	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541		CITY-ST-ZIP	Zephyrhills, FL 33541	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBSTER, ROGER		NAME		
STREET ADDRESS	37607 HENKON AVE		STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541		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.					
<b>SIGNATURE:</b> 		JOSEPH C SUMNER		1/6/04 813-782-1771	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	