2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2006 8:00 am Secretary of State

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DOCUMENT # 726109 1. Entity Name RUSKIN LODGE #813, LOYAL ORDER OF MOOSE						ecretary 1-17-2006 90395				
1212 E SHELLPOINT ROAD P.O		Mailing Address P.O. BOX 38 RUSKIN, FL 33570-5004			 	4 M	H 44411 4/6H 4/711 4/14	KI BI BI KI BI		
2. Principal P	Place of Business	3. Mailing Address	Mailing Address							
Suite, Apt.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04142006 C	hg-NP CR2	E037 (11/05)			
City & Stat	e	City & State	City & State		4. FEI Number 23-724987	' 3	 	plied For t Applicable		
Zip	Country	Zip	Country		5. Certificate of St	tatus Desired	\$8.75 Add Fee Required			
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Register	ed Agent			
l	ORATION SYSTEM		Name							
	TH PINE ISLAND ROAD ION, FL 33324		Street A	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										
	Filing Fee is \$61.25 Due by May 1, 2006		Trust Fund Contribution.		\$5.00 May Be Added to Fees Florida Department of State					
						<u> </u>				
10.	OFFICERS AND DIF	RECTORS	11.		DDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	10		
TITLE	GOV	RECTORS Delete	TITLE		DDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN Change	10 Addition		
TITLE NAME	GOV CARPENTER, CHARLIE		TITLE NAME		DDITIONS/CHANG	ES TO OFFICERS AND				
TITLE	GOV		TITLE		DDITIONS/CHANG	ES TO OFFICERS AND				
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF	Date	Daytime Phone #	
SIGNATURE: Your A She LASK James H.	. De Coff Sr.	4/14/06	813-645-5919