## FILED Feb 16, 2007 8:00 am Secretary of State

2007	NO	T-FO	R-PF	ROF	-IT (	CORI	PORA	\TION
		AN	NUA	\L R	REP	ORT		

DOCUMENT # 726109  1. Entity Name RUSKIN LODGE #813, LOYAL ORDER OF MOOSE INC						02-16-2007 90026 003 ****61.25					
1212 E SHELLPOINT ROAD P		P.O. B0	Mailing Address P.O. BOX 38 RUSKIN, FL 33570-5004				4 ((S) & S) B)   (B)   (B)   (B)   (B)	ii Bidli B)Si B			
Principal Place of Business - No P.O. Box #     3. M			3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				02112007 Chg-NP CR2E037 (12/06)					
City & State		City &			4. FEI Number 23-7249873 X				plied For t Applicable		
Zip	Country	Zip					of Status Desired		\$8.75 Add Fee Required		
	6. Name and Address of Current	Registered	Agent	Name	7. Name and Address of New Registered Agent Name						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Street Addres		s (P.O. Box Number is Not Acceptable)					
				City	ity 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 Signature, Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make check payable to Florida Department of State					
10.	OFFICERS AND DIF	RECTORS	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR				10	
TITLE NAME	GOV CARPENTER, CHARLIE		<b>X</b> Delete	TITLE NAME	GO		,		<sup>2</sup> Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	813 APOLLO BEACH BLVD. APOLLO BEACH, FL 33572			STREET ADDRESS CITY-ST-ZIP	251	per, F: 0 w. Sl	rank hellpoin l <del>. 33570</del>	t Rđ	#27		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEEDON, RAY 839 BIRDIE WAY APOLLO BEACH, FL 33572		☐ Delete	TITLE I NAME STREET ADDRESS CITY-ST-ZIP		, .	2. 33370		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS	P KENNARD, JIM JR 111 EAST ST. JOHNS WAY		☐ Delete	TITLE NAME STREET ADDRESS				•	☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME	APOLLO BEACH, FL 33572  S DE COFF, JAMES H SR 1107 25TH AVE W PALMETTO, FL 34221		☐ Delete	CITY-ST-ZIP TITLE NAME					Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP	JGOV RIDDLE, RAY 1735 BRIAR CASLE DR RUSKIN, FL 33570		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ 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 other like empowered.											
SIGNAT	SIGNATURE: Administrator 2/12/07 813-645-5919  Administrator 2/12/07 813-645-5919  Date Daytime Phone #										