


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90029 044 ****61.25

DOCUMENT # 727218			
1. Entity Name ARCADIA LODGE NO. 1327, LOYAL ORDER OF MOOSE, INC.			
Principal Place of Business 1121 W. OAK ST. ARCADIA FL 34266		Mailing Address 1121 W. OAK ST. ARCADIA FL 34266	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 23-7185233		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 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		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A ANDEL, ANDY <input type="checkbox"/> Delete 4597 NW HIGH LAND ST ARCADIA FL 34266	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	G GALLIHER, JIM <input checked="" type="checkbox"/> Delete 4810 NW HWY 72 #134 ARCADIA FL 34266	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GOVERNOR GUY CRITES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3402 SE MONTGOMERY CIRCLE ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WESTBROOK, DAVE <input checked="" type="checkbox"/> Delete 522 N POLK AVENUE ARCADIA FL 34266	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE PERRY, CARMEL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4810 NW HWY 72 #134 ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KRESS, WILLIAM <input checked="" type="checkbox"/> Delete 11751 SE HEAD AVENUE ARCADIA FL 34266	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER WILLIAM KRESS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11751 SE HEAD AVE. ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OCSON, RON <input checked="" type="checkbox"/> Delete 1548 SE PEAR DRIVE ARCADIA FL 34266	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE EARL BEHMS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2302 SE RED BARKEN RD. ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALCEX, DARRIN <input checked="" type="checkbox"/> Delete 4598 NW HIGH HAND STREET ARCADIA FL 34266	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR GOV DARRIN HALSEY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4598 NW HIGH HAND ST ARCADIA FL 34266

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.

SIGNATURE: *Andy Ansel* ADMINISTRATION 1129104 863 494-4882
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #