


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90084 021 \*\*\*\*61.25

<b>DOCUMENT # 727218</b>					
1. Entity Name <b>ARCADIA LODGE NO. 1327, LOYAL ORDER OF MOOSE, INC.</b>					
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		4. FEI Number <b>23-7185233</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>			7. Name and Address of New Registered Agent Name <b>Guy CRITES</b> Street Address (P.O. Box Number is Not Acceptable) <b>3402 S.E. MONTGOMERY CIR</b> City <b>ARCADIA</b> FL Zip Code <b>34266</b>		
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: <u>Guy Crites</u> ADMINISTRATOR DATE: <u>02-13-06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>A</b> <b>CRITES, GUY</b> <b>3402 SE MONTGOMERY CIR</b> <b>ARCADIA FL 34266</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>G</b> <b>HACSEY, DARRIN</b> <b>4598 NW HIGHLAND ST.</b> <b>ARCADIA FL 34266</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>G</b> <b>DAVID F. MORRISON</b> <b>3809 N.W. Pine Apple St.</b> <b>ARCADIA FL 34266</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BLAIR, RON</b> <b>1177 SE 7TH AVE</b> <b>ARCADIA FL 34266</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>P</b> <b>HOWARD SCHWARTZ</b> <b>P.O. Box 531</b> <b>ARCADIA FL 34265</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KREBS, WILLIAM</b> <b>11751 SE HEAD AVE</b> <b>ARCADIA FL 34266</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>T</b> <b>Penny Carmel</b> <b>4810 NW Hwy 72 #86</b> <b>ARCADIA FL 34266</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BELVINS, EARL</b> <b>2302 SE RED BARRON RD</b> <b>ARCADIA FL 34266</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TRUSTEE</b> <b>PAUL Kozio</b> <b>4810 NW Hwy 72 #170</b> <b>ARCADIA FL 34266</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HERRA, HECTOR</b> <b>9461 SE BROWN RD.</b> <b>ARCADIA FL 34266</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Guy Crites ADMINISTRATOR