

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90100 020 ****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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CRITES, GUY 3402 SE MONTGOMERY CIR ARCADIA, FL 34266		Name <u>Gause, Carl</u> Street Address (P.O. Box Number is Not Acceptable) <u>4810 NW Hwy 72 #215</u> City <u>ARCADIA</u> FL <u>34266</u>	
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>[Signature]</u>		CARL B GAUSE ADMINISTRATOR 01/17/07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	



01182007 Chg-NP CR2E037 (12/06)

4. FEI Number 23-7185233 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Filing Fee is \$61.25 Due by May 1, 2007	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 A CRITES, GUY STREET ADDRESS 3402 SE MONTGOMERY CIR CITY-ST-ZIP ARCADIA, FL 34266	<input type="checkbox"/> Delete	TITLE NAME A Gause, Carl STREET ADDRESS 4810 NW Hwy 72 #215 CITY-ST-ZIP ARCADIA, FL 34266	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME G MORRISON, DAVID F STREET ADDRESS 3809 NW PINE APPLE ST CITY-ST-ZIP ARCADIA, FL 34266	<input type="checkbox"/> Delete	TITLE NAME G EDWARD LYNE STREET ADDRESS 4856 NW LYON ST CITY-ST-ZIP ARCADIA, FL 34266	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME P SCHUIDT, HOWARD STREET ADDRESS PO BOX 531 CITY-ST-ZIP ARCADIA, FL 34265	<input type="checkbox"/> Delete	TITLE NAME P MORRISON, DAVID F STREET ADDRESS 3809 NW PINEAPPLE ST CITY-ST-ZIP ARCADIA, FL 34266	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME T CARMEL, PENNY STREET ADDRESS 4810 NW HWY 72TH 86 CITY-ST-ZIP ARCADIA, FL 34266	<input type="checkbox"/> Delete	TITLE NAME T THOMAS BURGE STREET ADDRESS 6 BRIDLE PATH CITY-ST-ZIP ARCADIA, FL 34266	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME T KAZIOL, PAUL STREET ADDRESS 4810 NW HWY 72TH 86 CITY-ST-ZIP ARCADIA, FL 34266	<input type="checkbox"/> Delete	TITLE NAME T DAVID PARK STREET ADDRESS 2018 NW RICHARDS CITY-ST-ZIP ARCADIA, FL 34266	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME T HERRA, HECTOR STREET ADDRESS 9461 SE BROWN RD. CITY-ST-ZIP ARCADIA, FL 34266	<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 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: [Signature] CARL GAUSE 01/17/07 863-494-4882
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #