2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 729563

1. Entity Name



FILED Feb 04, 2003 8:00 am Secretary of State 02-04-2003 90121 018 ****61.25

IOOSE LODGE NO. 2205 LOY	AL UNDER OF MOU	SE,						
11616 87TH STREET NORTH 11616 8		87TH STREET NORTH		1 100 110 110 110 110 110 110 110 110 1		1 (11) 1 (1)		
Place of Business	3. Mailing Address	. .						
Suite, Apt. #, etc. Suite, Apt		, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State Ci		ity & State		4. FEI Number 23-7327002		Applied For		
Country	Zip	Country		5. Certificate of St	tatus Desired		8.75 Add	
6 Name and Address of Current F	tenistered Agent	<u> </u>		7 Name and Add	Irocc of Now D			10
o. Name and Address of Culterit	egistered Agent	Name		7. Name and Add	ress or New N	egistered A	gerit	
CHMENT SERVICES INC								
3953 WW KELLEY ROAD			Street Address (P.O. Box Number is Not Acceptable)					
		City	City				T Zin Cod	
		City				FL	Zip Cou	е
	ANT AND				··· · · · · · · · · · · · · · · · · ·			
Signature, typed or printed name of registered agent ar	nd title if applicable. (NOT	E: Registered Agent signa	ature required	when reinstating)				
FILE NOW: FEE IS \$61.25	9. Election Car	mpaign Financing		\$5.00 May Be Added to Fees	Mal	ke Check	Payable	to
	CTORS	11.		ADDITIONS/CHANG	ES TO OFFICER	RS AND DIRE	ECTORS IN	10
D BEARKPP, JR, JOHN G 558 6TH AVENUE SOUTH	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					□ Change	☐ Addition
PD TITUS, WARREN A 8160 83RD	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				<u> : .</u>	☐ Change	☐ Addition
MSD SHELDON, THOMAS H P.O. BOX 530415	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				-	Change	Addition
T MICHAUD, LOU 12100 SEMINOLE BLVD LOT 132	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
D KUEERA, VINCENT R 13787 94TH AVENUE SEMINOLE FL 33776-1357	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAN 979 Pine	nos Bacla Po 46±1 Sh	901 Fl. 337	82	4 Change	Addition
D CAMFIELD, SKIP 702 63RD ST S GULFPORT FL 33707	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2098 Large	es 5. Damp Seninozvi y 17. 33	11 D Blus#12 778	· (_	Addition
	Place of Business Place of Business #, etc. #, etc. # Country 6. Name and Address of Current F CUMENT SERVICES INC. / KELLEY ROAD SEE FL 32311 # named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent ar FILE NOW: FEE IS \$61.25 OFFICERS AND DIRE D BEARKPP, JR, JOHN G 558 6TH AVENUE SOUTH LARGO FL 33771-2136 PD TITUS, WARREN A 8160 83RD LARGO FL 33777-3629 MSD SHELDON, THOMAS H P.O. BOX 530415 ST. PETERSBURG FL 33747 T MICHAUD, LOU 12100 SEMINOLE BLVD LOT 132 LARGO FL 33778-2818 D KUEERA, VINCENT R 13787 94TH AVENUE SEMINOLE FL 33776-1357 D CAMFIELD, SKIP 702 63RD ST S GULFPORT FL 33707	TREET NORTH T73-4905 Place of Business TREET NORTH T73-4905 Place of Business 3. Mailing Address #, etc. Suite, Apt. #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent COMMENT SERVICES INC. / KELLEY ROAD SEE FL 32311 Innamed entity submits this statement for the purpose of changing its tions of registered agent. Signature, typed or printed name of registered agent and little if applicable (NOT) FILE NOW: FEE IS \$61.25 9. Election Car Trust Fund Country BEARKPP, JR, JOHN G 558 6TH AVENUE SOUTH LARGO FL 33771-2136 PD Delete TITUS, WARREN A 3160 83RD LARGO FL 33777-3629 MSD SHELDON, THOMAS H P.O. BOX 530415 ST. PETERSBURG FL 33747 T MICHAUD, LOU 12100 SEMINOLE BLVD LOT 132 LARGO FL 33778-2818 D KUEERA, VINCENT R 13787 94TH AVENUE SEMINOLE FL 33776-1357 D GAMFIELD, SKIP 702 63RD ST S GULFPORT FL 33707	TREET NORTH T734905 TREET NORTH TARGO FL 337778-2818 TREET NORTH TARGO FL 33778-2818 TREET NORTH	TREET NORTH T3-490S REET NORTH T3-490S REET NORTH T3-490S Record Business 3. Mailing Address Rect. Suite, Apt. #, etc. Country Zip Country Zip Country Country City & State Country Address Retc. Suite, Apt. #, etc. Country City & State Country Address Retc. Country Zip Country Registered Agent Street Address (City & State City & State City & State City City Inamed entity submits this statement for the purpose of changing its registered office or register tons of registered agent. City Inamed entity submits this statement for the purpose of changing its registered office or register tons of registered agent. Supreuse, typed or period name of registered agent and title if applicable Represent Agent signature required INOTE: Registered Agent signature required INOTE: Registered Agent agenative required INOTE: Registered Agent signature required INOTE: Registered Agent INOTE:	Mailing Address Mailing Address Mailing Address Mailing Address If it is 87Th STREET NORTH 11616 87Th STREET NORTH	Mailing Address Mailing Address Ities 87H STREET NORTH LINGO R. 83774488 US 3. Mailing Address #. etc. Sure, Apt. #. etc. Chy & State Country Zip Country Country Zip Country Country Zip Country Country Zip Country S. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name COUMENT SERVICES INC. (KELLEY ROAD SEE FL 32311 Cray Inamed entity submits this statement for the purpose of changing its reg stered office or registered agent, or both, in the State of Floors of registered agent. Polymon, speel or privad ware of registered Agent Polymon, speel or privad ware of registered agent. Polymon, speel or priv	Make of Pousiness In Place of Business In Place of Business In Street North In It Street North In It Street North In It Street North It N	Mailing Address Mailing Addres

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 REQUIRED