

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2006 NOV -1 AM 11: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10062006 REIN-NP CR2E099 (11/05)

DOCUMENT # 747407 1. Entity Name LEESBURG LODGE #1271 LOYAL ORDER OF MOOSE					
Principal Place of Business P.O. BOX 490537 LEESBURG, FL 34749-0537			Mailing Address P.O. BOX 490537 LEESBURG, FL 34749-0537		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0604702	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) City State Zip Code		
			B 11/2/06 10-23-06		
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		<i>Anthony LiCausi</i> Anthony LiCausi Vice President		DATE 10-23-06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating.)		DATE	
FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVENS, WILLIAM C		NAME	JAY Edmondson	
STREET ADDRESS	35012 HAINESCREEK RD.		STREET ADDRESS	2274 Lake Pointe Circle	
CITY-ST-ZIP	LEESBURG, FL 34788		CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLENDENNEY, DOUGLAS P		NAME	Lewis P. Dubroff	
STREET ADDRESS	PO BOX 296		STREET ADDRESS	33116 Meadow Green Court	
CITY-ST-ZIP	FRUITLAND PARK, FL 34731		CITY-ST-ZIP	Leesburg FL 34748	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUBROFF, PETER		NAME	Charles Elmer	
STREET ADDRESS	33116 MEADOWGREEN CT.		STREET ADDRESS	418 Tulip Drive	
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEGOLIA, PAUL		NAME	400081416384	
STREET ADDRESS	8128 CR 109 D		STREET ADDRESS	11/01/06--01013--004 **61.25	
CITY-ST-ZIP	LADY LAKE, FL 32159		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, KEN		NAME		
STREET ADDRESS	234 LANGEFORD PARK DR.		STREET ADDRESS		
CITY-ST-ZIP	DAVENPORT, FL: 33897		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PICULELL, EDWARD		NAME	BERNARD EVERTSEN	
STREET ADDRESS	1002 CARLTON CT		STREET ADDRESS	102 Spring Brook Road	
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP	Leesburg, FL 34748	
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:		<i>Lewis P. Dubroff</i> Lewis P. Dubroff		DATE 11/15/06	
Signature and typed or printed name of signing officer or director		Date		Daytime Phone # 352 787-4073	