


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90224 013 ****70.00

DOCUMENT # 748527
 1. Entity Name
FT. MYERS LODGE # 1899 LOYAL ORDER OF MOOSE, INC.



Principal Place of Business
**9171 COLLEGE PARKWAY
 FORT MYERS, FL 33919 US**

Mailing Address
**PO BOX 07219
 FT. MYERS, FL 33919**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
9171 College Pkwy.
 Suite, Apt. #, etc.

City & State
FT. MYERS, FL

Zip
33919



04082004 Chg-NP CR2E037 (10/03)

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		City	Zip Code
		FL	

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, JEFF 330 SHORE DR. FORT MYERS, FL 339052634 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cobane, DALE R. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13411 GATEWAY DR. #221 FT. MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PG NULL, LARRY 4368 TUFFS AVE. FORT MYERS, FL 33901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PG MORGAN, JEFF D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 330 SHORE DR. FT. MYERS, FL 33905-2634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMARCO, PASQUALE JR PMB 187 13401-9 SUMMERLIN FORT MYERS, FL 339196593 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Demarco, PASQUALE JR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8081 Southwoods Cir. #4 FT. MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS HAYES, JOHN 1811 MAPLE DRIVE FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS GIESECKE, Jim <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6312 MARK LANE FT. MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KRAUS, ANTHONY 4264 ELLEN AVE. FORT MYERS, FL 339018917 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS CARLILE, Burl W. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10510 SEVILLA DR. #102 FT. MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JG COBANE, DALE 13411 GATEWAY DR. #221 FORT MYERS, FL 33919 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JG milisich, MILAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6146 Wiskey Creek #719 FT. MYERS, FL 33919

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Pasquale De Marco Jr. **4-20-04** **239-415-7332**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PASQUALE De Marco Jr.