


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90034 016 ****61.25

DOCUMENT # 750713 1. Entity Name FORT PIERCE LODGE NO. 248, LOYAL ORDER OF MOOSE, INC.					
Principal Place of Business			Mailing Address		
3216 US HWY 1 SUITE 1 FORT PIERCE FL 34982 US			3216 US HWY 1 SUITE 1 FORT PIERCE FL 34982 US		
2. Principal Place of Business		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	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOGYA, JOHN A 801 QUINCY AVE. FT PIERCE FL 34982	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALLORY, PETER J. 6507 ZAPOTE CT, FORT PIERCE FL 34951	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHEA, DANIEL F 220 GARDENIA AVE. FORT PIERCE FL 34982	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WP O'BRIEN PATRICK 5112 BIRCH DR FT PIERCE FL 34982	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HORAN, RL 8021 OKEECHOBEE RD FORT PIERCE FL 34945	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HORAN, R 8021 OKEECHOBEE RD FT PIERCE, FL 34982	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MALLORY, PETER J 49 SUNSHINE AVE. FORT PIERCE FL 34982	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DONALD SZOLLI 2815 W WHITMORE DR PORT ST LUCIE, FL 34984	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBRECHT, CRAIG D 5201 FT. PIERCE BLVD. JENSEN BEACH FL 34957	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBRECHT, CRAIG D 5201 FT PIERCE BLVD FORT PIERCE, FL 34951	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRYMAN, PRESTON 4955 KIRBY LOOP RD FT PIERCE FL 34982	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JIMMY SEARLES 2306 S LUCIE BLVD FT PIERCE, FL 34979	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>ROBERT L. HORAN</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			25 JAN 05 429-7744 <small>Date Daytime Phone #</small>		