

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90092 015 \*\*\*\*61.25

**2007 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # 751435</b> 1. Entity Name DELAND LODGE NO. 1126, LOYAL ORDER OF MOOSE, INC.	
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Principal Place of Business 614 SO. ALABAMA AVE PO BOX 0045 DELAND, FL 32724 US	Mailing Address 614 S. ALABAMA AVE. PO BOX 0045 DELAND, FL 32721-7045
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01242007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-0608332	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
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C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code
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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

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	GD MARRISON, DON <input checked="" type="checkbox"/> Delete	TITLE	G.O.V. CLIFTON, DELBERT <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1959 PIFER TERR.	STREET ADDRESS	1266 HICKORY LN.
CITY-ST-ZIP	DELTONA, FL 32738	CITY-ST-ZIP	DELAND, FL. 32724
TITLE	TD GIBBONS, THOMAS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	639 MAY ST.	STREET ADDRESS	
CITY-ST-ZIP	DELAND, FL 32720	CITY-ST-ZIP	
TITLE	T MARRISON, DONALD A JR <input checked="" type="checkbox"/> Delete	TITLE	J.G. PEDUZZI, WILLIAM <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	103 APF VILLA CAPRI CIRCLE	STREET ADDRESS	261 LINGERING LANE
CITY-ST-ZIP	DELAND, FL 32724	CITY-ST-ZIP	DELAND, FL. 32724
TITLE	JGD DAVIS, WALTER <input checked="" type="checkbox"/> Delete	TITLE	TREA. GRIER, ROBERT <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	55630 JAMES ST.	STREET ADDRESS	2450 BEN FRANKLIN RD.
CITY-ST-ZIP	ASTOR, FL 32102	CITY-ST-ZIP	DELAND, FL. 32720
TITLE	T WILLIAMSON, VIRGIL <input checked="" type="checkbox"/> Delete	TITLE	P.G. BROWN, HARRY <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7125 PLAMETTON AVE.	STREET ADDRESS	724 BERWICK CIR.
CITY-ST-ZIP	DELAND, FL 32720	CITY-ST-ZIP	DELAND, FL. 32724
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Thomas Gibbons THOMAS GIBBONS 1/25/07 386-734-2446  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #