


2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91215 031 \*\*\*\*70.00

<b>DOCUMENT # N14864</b>					
1. Entity Name GOLDEN GATE LODGE NO. 1654 LOYAL ORDER OF MOOSE, INC.					
Principal Place of Business 1900 40TH TERR. SW NAPLES, FL 34116-6018 US		Mailing Address P.O. BOX 990081 NAPLES, FL 33999 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2663524	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAN ROAD PLANTATION, FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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		
PD	DAVILA, PEDRO	<input checked="" type="checkbox"/>	PD	NAGER, ANTHONY	<input type="checkbox"/>
	2300 55TH STREET SW			3610 29TH AVE SW	
	NAPLES, FL 34116			NAPLES, FL 34117	
DVP	NAGER, ANTHONY	<input checked="" type="checkbox"/>	DVP	FLEISSNER, DOUGLAS	<input type="checkbox"/>
	3610 29TH AVE SW			418 GLADES BLVD	
	NAPLES, FL 34117			NAPLES, FL 34112	
DS	HILL, ROBERT	<input type="checkbox"/>			<input type="checkbox"/>
	2600-B TROPICANA BLVD				
	NAPLES, FL 34116				
DT	PIERSON, EDWARD II	<input checked="" type="checkbox"/>	DT	ALCORN, HERBERT	<input type="checkbox"/>
	2833 49TH LANE SW			5921 PAINTED LEAF LANE	
	NAPLES, FL 34116			NAPLES, FL 34116	
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
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: ✓ <i>C.R. Hill</i>			C.R. Hill Secretary 4/29/04 ✓ 239 6434142		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

24066470



04282004 Chg-NP CR2E037 (10/03)

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required