

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 22, 2006
Secretary of State**

DOCUMENT# N14864

Entity Name: GOLDEN GATE LODGE NO. 1654 LOYAL ORDER OF MOOSE, INC.

Current Principal Place of Business:

1900 40TH TERR. SW
NAPLES, FL 341166018 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 990081
NAPLES, FL 33999 US

New Mailing Address:

FEI Number: 59-2663524 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAN ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NAGER, ANTHONY
Address: 3610 29TH AVE SW
City-St-Zip: NAPLES, FL 34117

Title: DVP () Delete
Name: FLEISSNER, DOUGLAS
Address: 418 GLADES BLVD
City-St-Zip: NAPLES, FL 34112

Title: DS () Delete
Name: HILL, ROBERT
Address: 2600-B TROPICANA BLVD
City-St-Zip: NAPLES, FL 34116

Title: DT () Delete
Name: ALCORN, HEBERT
Address: 5921 PAINTED LEAFLANE
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: BALDWIN, GARY
Address: PO BOX 990793
City-St-Zip: NAPLES, FL 34116

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT HILL

Electronic Signature of Signing Officer or Director

ADM.

02/22/2006

Date