

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14864

FILED  
Aug 08, 2007  
Secretary of State

**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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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: BALDWIN, GARY  
Address: PO BOX 990793  
City-St-Zip: NAPLES, FL 34116

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: NICHOLS, LANCE  
Address: 4380 27TH CT. , SW  
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 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

08/08/2007

\_\_\_\_\_ Date