

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14864

FILED
Mar 25, 2009
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 ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CAUDILL, THOMAS
Address: 1900 40TH TERRACE, SW
City-St-Zip: NAPLES, FL 34117

Title: DVP () Delete
Name: NICHOLS, LANCE
Address: 4380 27TH CT., SW
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: EDWARD, PIERSON II
Address: 1900 40TH TERRACE, SW
City-St-Zip: NAPLES, FL 34117

Title: DT () Delete
Name: GILLESPIE, ROBERT
Address: 1900 40TH TERRACE, SW
City-St-Zip: NAPLES, FL 34117

Title: DT () Delete
Name: CLARK, HOWARD
Address: 1900 40TH TERRACE, SW
City-St-Zip: NAPLES, FL 34117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NAPLES, TONY
Address: 1900 40TH TERRACE, SW
City-St-Zip: NAPLES, FL 34117

Title: DVP (X) Change () Addition
Name: NICHOLS, LANCE
Address: 1900 40TH TERRACE SW
City-St-Zip: NAPLES, FL 34116

Title: DS (X) Change () Addition
Name: HILL, ROBERT
Address: 7360 ST. IVES WAY #2209
City-St-Zip: NAPLES, FL 34104

Title: DT (X) Change () Addition
Name: CRAIN, SILAS
Address: 1900 40TH TERRACE, SW
City-St-Zip: NAPLES, FL 34117

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

03/25/2009

_____ Date