2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State
04-24-2006 90374 038 ****61.25

DOCUMENT # N46621

1. Entity Name
CALOOSAHATCHEE LODGE NO. 2395, LOYAL ORDER OF MOOSE, INC.

Principal Place of Business	Mailing Address
419 E. CAPE CORAL PKWY CAPE CORAL, FL 33904 US	419 E. CAPE CORAL PKWY CAPE CORAL, FL 33904 US

04152006 Chg-NP CR2E037 (11/05)

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 65-0306216 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BROWN, DONALD 1417 S E 24 TH AVE CAPE CORAL, FL 33915	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GOVERNOR JACK REISTER 1111 DIPLOMAT PKWY #3 Cape Coral, FL 33909	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(VP) DIRECTOR BUCCA, JOHN 3915 S.W 9TH AVE UNIT 119 CAPE CORAL, FL 33914	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD YANETTA, PETER 2119 N. E 14 TH PLACE CAPE CORAL, FL 33909	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	John BARTLETT- TD 1224 SW 53rd Terrace Cape Coral, FL 33914	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CRAWFORD, RICHARD 1322 S.E. 44TH TERR. CAPE CORAL, FL 33904	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Wallace H. ADKINSON- SD 5233 SW 24th PL Cape Coral, FL 33914	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GLEISBERG, GEORGE 4424 S.W. 14TH PLACE CAPE CORAL, FL 33914	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ANELLO MURANO - D 627 SE 24th St. Cape Coral, FL 33990	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NATTANIA, CARL 933 SW 37TH LANE CAPE CORAL, FL 33914	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR HERB CALHOUN 4831 TUDOR DR, #4 Cape Coral, FL 33904	☐ Change ☒ Addition

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 attached sheet with an address, with all other like empowered.

SIGNATURE: Wallace H. Adkinson 5-10-06 (239)945-6066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Wallace H. Adkinson