

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90399 048 ****61.25

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DOCUMENT # N46621

1. Entity Name

**CALOOSAHATCHEE LODGE NO. 2395, LOYAL ORDER OF MO
OSE, INC.**



Principal Place of Business

**419 E. CAPE CORAL PKWY
CAPE CORAL FL 33904
US**

Mailing Address

**419 E. CAPE CORAL PKWY
CAPE CORAL FL 33904
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0306216**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEXIS DOCUMENT SERVICES INC.
3953 WW KELLEY ROAD
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	PD	<input type="checkbox"/> Delete
NAME	CRAWFORD, RICHARD A	
STREET ADDRESS	1322 SE 44TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	YANETTA, PETER	
STREET ADDRESS	4717 S.E 4TH PLACE #3	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SOMERS, JOHN	
STREET ADDRESS	4923 VICEROY ST #A	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	NOLDER, EDWARD W	
STREET ADDRESS	1048 SE 43RD ST	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERGAN, GEORGE J	
STREET ADDRESS	115 SW 52 STREET	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIESTER, JACK	
STREET ADDRESS	427 SE 38TH TERR	
CITY-ST-ZIP	CAPE CORAL FL 33914	

TITLE	JOHN SIDONIO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4003 SUNSET CT #102	
STREET ADDRESS	CAPE CORAL FL 33904	
CITY-ST-ZIP		
TITLE	DONALD BROWN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1846 POWELL DR. LOT 21	
STREET ADDRESS	N. FORT MYERS FL 33917	
CITY-ST-ZIP		
TITLE	JERRY STOVER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	104 NE 10TH AVE	
STREET ADDRESS	CAPE CORAL FL 33909	
CITY-ST-ZIP		
TITLE	THOMAS H. FIEBELKORN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16029 Hibiscus Way	
STREET ADDRESS	N. FORT MYERS FL 33903	
CITY-ST-ZIP		
TITLE	CARL NATTANIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	933 SW 7TH AVE	
STREET ADDRESS	CAPE CORAL FL 33914	
CITY-ST-ZIP		
TITLE	JACK RIESTER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	427 SW 38TH TERR	
STREET ADDRESS	CAPE CORAL FL 33914-5857	
CITY-ST-ZIP		

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: *THOMAS H. FIEBELKORN* **THOMAS H. FIEBELKORN** **4/24/03** **739-945-6066**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)