


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000000793 1. Entity Name INDIAN RIVER MOOSE LEGION NO. 178, INC.	
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Principal Place of Business P.O. BOX 607865 ORLANDO FL 32860 US	Mailing Address P.O. BOX 607865 ORLANDO FL 32860 US
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip

1st MOORE CR2E037 (10/05)

4. FEI Number 23-7395688	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 C/O CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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)

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME	PD MILLWATER, EDWARD K	<input type="checkbox"/>
STREET ADDRESS 924 TIMOR AVE		
CITY - ST - ZIP ORLANDO FL 32804		
TITLE NAME	D BRADSHAW, JKEITH	<input type="checkbox"/>
STREET ADDRESS 97 DIRKSEN RD		
CITY - ST - ZIP DEBARY FL 32713		
TITLE NAME	D RYAN, EDWARD T	<input type="checkbox"/>
STREET ADDRESS 15695 EAST COLONIAL DR.		
CITY - ST - ZIP ORLANDO FL 32820		
TITLE NAME	D DUFRANE, JOHN J	<input type="checkbox"/>
STREET ADDRESS 770 LAKE KATHYN		
CITY - ST - ZIP CASSELBERRY FL 32707		
TITLE NAME	D PAYNE, OTMER R	<input type="checkbox"/>
STREET ADDRESS 4514 LA VISTA DR		
CITY - ST - ZIP ORLANDO FL 32808-1908		
TITLE NAME	D HAYSTEAD, JOHN	<input type="checkbox"/>
STREET ADDRESS 5010 APOLLO AVE		
CITY - ST - ZIP SAINT CLOUD FL 34773-9411		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY - ST - ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY - ST - ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 attachment with an address, with all other like empowered.

SIGNATURE: EDDIE MILLWATER *Eddie Millwater* 48506 321-229-8219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #