

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90079 010 ****61.25



DOCUMENT # 750713
 1. Entity Name
FORT PIERCE LODGE NO. 248, LOYAL ORDER OF MOOSE, INC.

Principal Place of Business: **3216 US HWY 1 SUITE 1 FORT PIERCE FL 34982 US**
 Mailing Address: **3216 US HWY 1 SUITE 1 FORT PIERCE FL 34982 US**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____



MOORE CR2E037 (11/03)

4. FEI Number: **59-0652258** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 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, 2004

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: P NAME: HOWE, LARRY STREET ADDRESS: 1008 CHARALOTTA RD CITY-ST-ZIP: FT PIERCE FL 34982 <input checked="" type="checkbox"/> Delete		TITLE: P NAME: JOHN A. HOGYA STREET ADDRESS: 801 QUINCY AVE CITY-ST-ZIP: FT PIERCE, FL 34982 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: VP NAME: KULSCAR, THOMAS STREET ADDRESS: 3200 S 7TH ST, LOT 137 CITY-ST-ZIP: FORT PIERCE FL 34982 <input checked="" type="checkbox"/> Delete		TITLE: VP NAME: SHER, DANIEL F STREET ADDRESS: 220 GARDENIA AVE CITY-ST-ZIP: FT PIERCE, FL 34982 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: S NAME: HORAN, RL STREET ADDRESS: 8021 OKEECHOBEE RD CITY-ST-ZIP: FORT PIERCE FL 34945 <input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: TD NAME: CHURCH, NORMAN STREET ADDRESS: 3484 ROSELAWN BLVD CITY-ST-ZIP: FORT PIERCE FL 34982 <input checked="" type="checkbox"/> Delete		TITLE: TD NAME: PETER J MALLORY STREET ADDRESS: 49 SUNSHINE AVE CITY-ST-ZIP: FT PIERCE FL 34982 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: D NAME: QUACKENBOS, TIMOTHY STREET ADDRESS: 345 WEATHERBEE RD #150 CITY-ST-ZIP: FT PIERCE FL 34982 <input checked="" type="checkbox"/> Delete		TITLE: D NAME: CRAIG D. ALBRECHT STREET ADDRESS: 5201 FT PIERCE BLVD CITY-ST-ZIP: FT PIERCE FL 34951 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: _____ NAME: MERRYMAN, PRESTON STREET ADDRESS: 4955 KIRBY LOOP RD CITY-ST-ZIP: FT PIERCE FL 34982 <input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: RL Horan Date: 21 Jan 04 Daytime Phone #: (772) 429-7744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR