


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90061 018 ****61.25

DOCUMENT # N94000002811 1. Entity Name MANATEE MOOSE LEGION NO. 58, INC.					
Principal Place of Business 11 NE PINE ISLAND RD CAPE CORAL, FL 33909-2559				Mailing Address 17100 TAMiami TRAIL, #198 PUNTA GORDA, FL 33955	
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 59-1662487				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name ROBERT F. WILLIN Street Address (P.O. Box Number is Not Acceptable) 17100 TAMiami TRAIL #198 City PUNTA GORDA FL Zip Code 33955	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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					
10. OFFICERS AND DIRECTORS					
TITLE	PRESIDENT <input type="checkbox"/> Delete				
NAME	ELMORE, JEFFREY				
STREET ADDRESS	2503 APACHE STREET				
CITY-ST-ZIP	SARASOTA, FL 342315009				
TITLE	SD <input type="checkbox"/> Delete				
NAME	WILLIN, ROBERT F				
STREET ADDRESS	5698 INVERNESS CIR				
CITY-ST-ZIP	N FT MYERS, FL				
TITLE	D <input type="checkbox"/> Delete				
NAME	BERGAU, GEORGE J				
STREET ADDRESS	115 SW 52ND STREET				
CITY-ST-ZIP	CAPE CORAL, FL 339147108				
TITLE	D <input checked="" type="checkbox"/> Delete				
NAME	DEL CORSO, STEPHEN J				
STREET ADDRESS	28786 CARMEL WAY				
CITY-ST-ZIP	BONITA SPRINGS, FL 34134				
TITLE	PD <input checked="" type="checkbox"/> Delete				
NAME	PRICIPLE, VINCENT				
STREET ADDRESS	30 HAWAII BLVD				
CITY-ST-ZIP	NAPLES, FL 34112				
TITLE	DIRECTOR <input type="checkbox"/> Delete				
NAME	DONALD R. COOPER				
STREET ADDRESS	9380 EL CAMPO AVE				
CITY-ST-ZIP	ENGLEWOOD FL 34224				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	SIM GALLIHER				
STREET ADDRESS	4810 NW HWY 72 #134				
CITY-ST-ZIP	ARCADIA FL. 34266				
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: <u>Robert F. Willin</u> 4.12.05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					