

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 19, 2006 8:00 am**  
**Secretary of State**

07-19-2006 90003 043 \*\*\*\*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**

40099900



07122006 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1662487**

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 S. PINE ISLAND RD.  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
ELMORE, JEFFREY  
2503 APACHE STREET  
SARASOTA, FL 342315009**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
WILLIN, ROBERT F  
5698 INVERNESS CIR  
N FT MYERS, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BERGAU, GEORGE J  
115 SW 52ND STREET  
CAPE CORAL, FL 339147108**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DEL CORSO, STEPHEN J  
28786 CARMEL WAY  
BONITA SPRINGS, FL 34134**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
PRICIPLE, VINCENT  
30 HAWAII BLVD  
NAPLES, FL 34112**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
COOPER, DONALD R  
9380 EL CAMPO AVE  
ENGLEWOOD, FL 34224**

**DO NOT WRITE  
IN THIS SPACE**

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 attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/06

Date

239-543-3556

Daytime Phone #