


# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

FILED  
06 OCT -9 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 06  
10062006 REIN:NP CR2E099 (11/05)

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

4. FEI Number  
**59-0652258**

Applied For  
 Applied For  
 Not Applicable

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

**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 After January 1, 2007, Fee will be \$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MALLORY, PETER J			NAME	WILLIAM MCCORMACK		
STREET ADDRESS	6509 LEPOTE CT.			STREET ADDRESS	536 SW UNDALLO RD		
CITY- ST- ZIP	FORT PIERCE, FL 34951			CITY ST ZIP	PORT ST LUCIE, FL 34953		
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	VP PAUL TITEL	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	O'BRIEN, PARICK			NAME	1207 S. LAKES END DR.		
STREET ADDRESS	5112 BIRCH DR.			STREET ADDRESS	APT D-2		
CITY- ST- ZIP	FORT PIERCE, FL 34982			CITY ST ZIP	FT PIERCE, FL 34982		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HORAN, R			NAME	FREDERIC W. GUISE		
STREET ADDRESS	8021 OKEECHOBEE RD			STREET ADDRESS	5 NOVEDADES		
CITY- ST- ZIP	FORT PIERCE, FL 34982			CITY ST ZIP	PORT ST. LUCIE, FL 34952		
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MALLORY, PETER J			NAME	GASTON CAPLEY		
STREET ADDRESS	49 SUNSHINE AVE.			STREET ADDRESS	185 SILVER STREAM CIR		
CITY- ST- ZIP	FORT PIERCE, FL 34982			CITY ST ZIP	FORT PIERCE, FL 34946		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ALBRECHT, CRAIG D			NAME	MARK GUISE		
STREET ADDRESS	5201 FT. PIERCE BLVD			STREET ADDRESS	3535 OLD DIXIE HWY		
CITY- ST- ZIP	FORT PIERCE, FL 34951			CITY ST ZIP	FT. PIERCE, FL 34946		
TITLE	O	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEARLES, JIMMY			NAME			
STREET ADDRESS	2306 ST. LUCIE BLVD			STREET ADDRESS			
CITY- ST- ZIP	FORT PIERCE, FL 34979			CITY ST ZIP			

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:** Frederic W. Guise **FREDERIC W. GUISE** 10-6-06 772-429-7744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dist. No. Phone #