2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724867

FILED Apr 27, 2007 Secretary of State

Entity Name: SEBRING LODGE NO 2259 LOYAL ORDER OF MOOSE INC

Current Principal Place of Business: New Principal Place of Business:

11675 US 98 P. O. BOX 1685 SEBRING, FL 33871

Current Mailing Address: New Mailing Address:

P.O. BOX 1685 P.O. BOX 256 SEBRING, FL 33871 LORIDA, FL 33857

FEI Number: 59-1738641 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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.

SIGNATURE:

Title:

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Title:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

TD

() Delete

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

Title:ADD () DeleteTitle:GOV (X) Change () AdditionName:JOHNSTON, EDWINName:JOHNSTON, EDWINAddress:424 MAPLE LANEAddress:424 MAPLE LANE

Address: 424 MAPLE LANE

City-St-Zip: SEBRING, FL 33876

Address: 424 MAPLE LANE

City-St-Zip: SEBRING, FL 33876

City-St-Zip: SEBRING, FL 33876

 Name:
 LONG, THOMAS
 Name:
 DELONG, ROBERT

 Address:
 408 GRANADA CT
 Address:
 1900 VARSITY TERRACE

 City-St-Zip:
 SEBRING, FL 33876
 City-St-Zip:
 LORIDA, FL 33857

Title: GD () Delete Title: () Change () Addition

 Name:
 MARBLE, LLOYD
 Name:

 Address:
 505 N LAKE DR
 Address:

 City-St-Zip:
 SEBRING, FL 33857
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWIN JOHNSTON GOV 04/27/2007