

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # N16425	
1. Entity Name SUWANNEE RIVER LODGE NO. 325 LOYAL ORDER OF MOOSE, INC.	

Principal Place of Business 8231 NW 167 PLACE FANNING SPRINGS ANNEX FL 32693	Mailing Address 8231 NW 167 PLACE FANNING SPRINGS ANNEX FL 32693
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)	
4. FEI Number 59-2697716	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	
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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 _____ Signature, typed or printed name of registered agent and title (if printed)	DATE _____ (NOTE: Registered Agent signature is required when reappointing)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
P MICKEY, LINDSEY PO BOX 1643 OLD TOWN FL 32680	
V ANDERSON, BERNARD HC2 BOX 747 OLD TOWN FL 32680	☐ Delete
ST NEKOLA, FRANK 16972 NW 85TH TERRACE FANNING SPRINGS FL 32693	☐ Delete
TR GRAWCOCK, KENNY PO BOX 589 TRENTON FL 32693	☐ Delete
T MCELROY, DAVID 731 NW 150TH ST TRENTON FL 32693	☐ Delete
T JARVIS, RICHARD 7830 NW 167TH PL TRENTON FL 32644	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
U000000841863 03/11/08-800005-011 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Frank A. Nekola* 3/25/08 352 463-2838