

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 710187

**Entity Name:** STUART LODGE NO 1282, LOYAL ORDER OF MOOSE, INC.

**Current Principal Place of Business:**

2454 SE INDIAN STREET  
STUART, FL 34997

**Current Mailing Address:**

P.O.B. 506  
STUART, FL 34995

**FEI Number: 23-7161400**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           ADMI  
Name           NELSON, BOB  
Address        P.O.B. 1429  
City-State-Zip: PALM CITY FL 34991

Title           JR. GOVERNOR  
Name           MATERIOLI, RONALD  
Address        1090 S.E. BUTTONWOOD CIR  
City-State-Zip: STAURT FL 34997-7509

Title           JR. PAST GOVERNOR  
Name           KINNAMAN, CHARLES  
Address        676 S.W. EYERLY AVE  
City-State-Zip: PORT ST. LUCIE FL 34983

Title           TREASURER  
Name           MAHAFFEY, BILL  
Address        5851 S.W. MISTLETOE AVE..  
City-State-Zip: PALM CITY FL 34990

Title           GOVERNOR  
Name           HELMS, JOHN  
Address        2787 S.E. NORMAND ST.  
City-State-Zip: STUART FL 34997

Title           3 YR. TRUSTEE  
Name           MCESSY, BILL  
Address        2366 COUNTRY CLUB LANE  
City-State-Zip: STUART FL 34996

Title           2 YR. TRUSTEE  
Name           CARLOTTO, ALDO  
Address        837 S.W. HAMBERLAND AVE.  
City-State-Zip: PORT STAINT LUCIE FL 34953-5629

*I hereby 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 all other like empowered.*

**SIGNATURE: BOB NELSON**

**ADMINISTRATOR**

**04/29/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date