

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 723908

**FILED**  
**Mar 06, 2019**  
**Secretary of State**  
**2421602159CC**

**Entity Name:** LEHIGH ACRES LODGE NO. 2266 LOYAL ORDER OF MOOSE, INC.

**Current Principal Place of Business:**

210 HOMESTEAD ROAD  
LEHIGH ACRES, FL 33936

**Current Mailing Address:**

210 HOMESTEAD ROAD  
LEHIGH ACRES, FL 33936 US

**FEI Number: 23-7520375**

**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 ADMINISTRATOR  
Name COTTRELL, WAYNE HAROLD  
Address 4581 GOEBLE RD.  
City-State-Zip: FT. MYERS FL 33905

Title GOVERNOR  
Name GALLOWAY, WALTER BRAD  
Address 1104 NAVAJO AVE  
City-State-Zip: LEHIGH ACRES FL 33936-7116

Title TREASUER  
Name DENOON, JOHN  
Address 2401 LEDA AVE S  
City-State-Zip: LEHIGH ACRES FL 33973

Title JR. GOVERNOR  
Name FLETHCER, MICHAEL  
Address P.O. BOX  
City-State-Zip: LEHIGH ACRES FL 33970-0638

Title TRUSTEE  
Name MILBURN, DAVID  
Address 437 CANDLEWICK CIR  
City-State-Zip: LEHIGH ACRES FL 33936

*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: WAYNE COTTRELL**

**ADMINISTRATOR**

**03/06/2019**

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

\_\_\_\_\_  
Date