2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46621

Entity Name: CALOOSAHATCHEE LODGE NO. 2395, LOYAL ORDER OF

MOOSE, INC.

OF

FILED
Jan 18, 2017
Secretary of State
CC6759557172

Current Principal Place of Business:

419 CAPE CORAL PARKWAY, E CAPE CORAL, FL 33904

Current Mailing Address:

419 E. CAPE CORAL PKWY CAPE CORAL, FL 33904 US

FEI Number: 65-0306216 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 GOVERNOR Title JR. GOVERNOR

Name GOODHEART, RONALD GOVERNOR Name MOCK, KEITH JR GOV.

Address 419 CAPE CORAL PARKWAY, E Address 419 CAPE CORAL PARKWAY, E

City-State-Zip: CAPE CORAL FL 33904 City-State-Zip: CAPE CORAL FL 33904

Title ADMINISTRATOR Title TRUSTEE

Name HOLMES, ROBERT ADMINISTRATOR Name FONTENOT, WADE TRUSTEE

Address 419 CAPE CORAL PKWY E Address 419 CAPE CORAL PARKWAY, E

City-State-Zip: CAPE CORAL FL 33990 City-State-Zip: CAPE CORAL FL 33904

Title TREASURER Title TRUSTEE

NameSPINNEY, GLENN TREASURERNameLEHMAN, LOU TRUSTEEAddress419 CAPE CORAL PKWY EAddress419 CAPE CORAL PKWY ECity-State-Zip:CAPE CORAL FL 33904City-State-Zip:CAPE CORAL FL 33904

Title TRUSTEE Title PRELATE

NameMARSHALL, ARTHUR TRUSTEENameJONES, ROBERT PRELATEAddress419 CAPE CORAL PKWY EAddress419 CAPE CORAL PKWY E.City-State-Zip:CAPE CORAL FL 33904City-State-Zip:CAPE CORAL FL 33904

Continues on page 2

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: ROBERT HOLMES ADMINISTRATOR 01/18/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title PAST GOVERNOR
Name HOLMES, JEFFREY

Address 419 CAPE CORAL PKWY E.
City-State-Zip: CAPE CORAL FL 33904