### 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46621

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

MOOSE, INC.

# **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

**FILED** Jan 25, 2016

**Secretary of State** 

CC6311933379

### Officer/Director Detail:

Title **GOVERNOR** Title JR. GOVERNOR

Name HOLMES, JEFF GOVERNOR Name GOODHEART, RONALD 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 **TRUSTEE** Title **ADMINISTRATOR** 

FONTENOT, WADE TRUSTEE Name HOLMES, ROBERT ADMINISTRATOR Name Address 419 CAPE CORAL PKWY E Address 419 CAPE CORAL PARKWAY, E

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

Title **TRUSTEE** Title **TREASURER** 

Name PENNINGTON, TOM TRUSTEE Name SPINNEY, GLENN TREASURER Address 419 CAPE CORAL PKWY E Address 419 CAPE CORAL PKWY E City-State-Zip: CAPE CORAL FL 33904 City-State-Zip: CAPE CORAL FL 33904

Title **PRELATE** Title **TRUSTEE** 

Name HANSEN, SCOTT PRELATE MARSHALL, ARTHUR TRUSTEE Name Address 419 CAPE CORAL PKWY E. Address 419 CAPE CORAL PKWY E City-State-Zip: CAPE CORAL FL 33904 CAPE CORAL FL 33904 City-State-Zip:

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: JEFF HOLMES **GOVERNOR** 

Electronic Signature of Signing Officer/Director Detail

01/25/2016 Date