# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Sep 12, 2005 8:00 am**
**Secretary of State**
09-12-2005 90005 049 ****61.25

DOCUMENT # 701925

1. Entity Name
TITUSVILLE LODGE NO. 1962 LOYAL ORDER OF MOOSE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3264 N US #1<br>MIMS, FL 32754-0332 US | P.O. BOX 332<br>MIMS, FL 32754-0332 US |

07192005 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-0991559 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | GD<br>RAYMOND, RODNEY<br>4315 HOG VALLEY RD<br>MIMS, FL 32754 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | GD SHORT - SAM<br>2460 KAISER ROAD<br>MIMS, FL 32754 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>HUSSEY, ROBERT<br>3700 GLORIA AVE<br>MIMS, FL 32754 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>GRAY, CLARE<br>108 PERSON AVE<br>TITUSVILLE, FL 32796 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | (T) THOMSON, ELVIN AL<br>3262 KAREN AVE<br>MIMS, FL 32754 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>CALDWELL, JAMES<br>4140 HOG VALLEY RD<br>MIMS, FL 32754 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | (T) MYERS DON C<br>4147 CINAMAN TEAL<br>MIMS, FL 32754 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>CAMERON, LARRY<br>3540 ROOSEVELT AVE<br>MIMS, FL 32754 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | (T) BURCHETT, GARY W<br>1555 YORK TOWN<br>TITUSVILLE, FL 32796 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AD<br>WENDEL, TERRANCE<br>4260 HOG VALLEY RD<br>MIMS, FL 32754 | ☐ Delete | 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 exemption stated in Section 119.07(3)(i), 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:** Terry Wendel TERRY WENDEL 9/07/05 267 6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #