

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 704055**

1. Entity Name

PERRINE LODGE NO. 380, LOYAL ORDER OF MOOSE, INC



Principal Place of Business

Mailing Address

9854 E. EVERGREEN ST.  
PERRINE FL 33157

9854 E. EVERGREEN ST.  
PERRINE FL 33157

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

NO-T APPLICABLE

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  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

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 re-instating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

ASD  
FREY, RANDALL L  
13966 SW 160 TERR  
MIAMI FL 33177

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

GD  
MERCUGLIANO, LARRY  
9370 JAMACA DR.  
MIAMI FL 33189

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

PGD  
EWELL, RICHARD  
9835 PAN AMERICAN DR  
MIAMI FL 33189

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition

U00000612762  
02/05/07-80013-006 61.25

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Randall L. Frey RANDALL L. FREY 1/27/07 305 232 3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #