

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90194 018 ****61.25

DOCUMENT # 704541

1. Entity Name

PEMBROKE PINES LODGE NO. 1844, LOYAL ORDER OF
MOOSE, INC.



Principal Place of Business

8931 TAFT ST
PEMBROKE PINES FL 33024

Mailing Address

8931 TAFT ST
PEMBROKE PINES FL 33024

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

59-1277088

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 D
NAME WYNN, EARL L ☒ Delete
STREET ADDRESS 8435 NW 30TH PLACE
CITY-ST-ZIP MIAMI FL 33147

TITLE D
NAME KURT MAKOVSKY ☐ Change ☒ Addition
STREET ADDRESS 5620 S.W. 36 ST
CITY-ST-ZIP DAVIE FL. 33214

TITLE B
NAME BARNES, R ☐ Delete
STREET ADDRESS 10820 NW 8TH ST
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME NORTON, GARY R ☐ Delete
STREET ADDRESS 1856 NW 94 AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33322

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME DARLING, REX ☒ Delete
STREET ADDRESS 19221 NW 39 COURT
CITY-ST-ZIP OPA LOCKA FL 33055

TITLE D
NAME BRYON COFFIN ☐ Change ☒ Addition
STREET ADDRESS 7450 BRANCH ST
CITY-ST-ZIP Hollywood, FL. 33024

TITLE
NAME ANDERSON, L ☐ Delete
STREET ADDRESS 600 SW 113 AVE
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME BLANCO, M.R ☒ Delete
STREET ADDRESS 10453 NW 89 APT 206
CITY-ST-ZIP PEMBROKE FL 33026

TITLE D
NAME BARRY SMITH ☐ Change ☒ Addition
STREET ADDRESS 404 W.W. 78 AVE # 218
CITY-ST-ZIP PLANTATION FL 33317

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT BARNES

4-24-04

Date

954-435-8953

Daytime Phone #