


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90428 002 ****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		Country		Country	
4. FEI Number 59-1277088				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NORTON, GARY R	NAME			
STREET ADDRESS	1856 NW 94TH AVE	STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33322	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BARNES, R	NAME	MALEBURY, JAMES R		
STREET ADDRESS	3015 SW 52 ST	STREET ADDRESS	16025 NW 29 AVE		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	CITY-ST-ZIP	OPA LOCKA FL 33054		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ISACKSON, BRETT	NAME	BUNTING, BOLTON		
STREET ADDRESS	2500 SW 86TH AVE	STREET ADDRESS	9941 SW 11 ST		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324	CITY-ST-ZIP	PEMBROKE PINES FL 33025		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DARLING, REX	NAME	BUTCHER, GARY		
STREET ADDRESS	19221 NW 39 COURT	STREET ADDRESS	109 MANGROVE RD BOX 405		
CITY-ST-ZIP	OPA LOCKA, FL 33055	CITY-ST-ZIP	HOLLYWOOD FL 33021		
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WYNN, EARL L	NAME			
STREET ADDRESS	8435 NW 30TH PL	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33147	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SMITH, BARRY	NAME	COMPLITANO, VINCENT		
STREET ADDRESS	404 NW 78 AVE., #218	STREET ADDRESS	8821 NW 6 ST		
CITY-ST-ZIP	PLANTATION, FL 33317	CITY-ST-ZIP	PEMBROKE PINES FL 33024		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>GARY R NORTON SR</u> 9543472691					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					