


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

**FILED**  
**Aug 30, 2004 8:00 am**  
**Secretary of State**

08-30-2004 90012 012 \*\*\*\*61.25

<b>DOCUMENT # 705746</b> 1. Entity Name <b>OSCEOLA LODGE NO. 2026, LOYAL ORDER OF MOOSE, INC.</b>					
Principal Place of Business <b>4214 10TH STREET SAINT CLOUD FL 34769</b>			Mailing Address <b>P.O. BOX 701363 ST CLOUD FL 34771 US</b>		
2. Principal Place of Business <b>P.O. Box 701363</b>		3. Mailing Address  			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>St Cloud FL</b>		City & State		4. FEI Number <b>59-6143322</b>	
Zip <b>34771</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LEXIS DOCUMENT SERVICES, INC. 3953 WW KELLEY ROAD TALLAHASSEE FL 32311</b>			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;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>G MARE, CASTLE 653 ROLFE STREET KISSIMMEE FL 34741</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HARRIS, JAMES 713 VIRGINIA AVE SAINT CLOUD FL 34769</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MEINKE, EDWARD G SR 1618 VERMONT AVE ST. CLOUD FL 34769</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CLIFFORD, HURD 695 E 5TH STREET SAINT CLOUD FL 34769</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WEBB, RONALD 4760 THOMPSON RD SAINT CLOUD FL 34771</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE: <u>Edward G Meinke Sr.</u> Edward G Meinke Sr 8-24-04 407-892-2201</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					