2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

8/1/

FILED
Sep 15, 2003 8:00 am
Secretary of State
08-01-2003 90061 032 ****61.25

DOCUMENT # 705746

1. Entity Name

OSCEOLA LODGE NO. 2026, LOYAL ORDER OF MOOSE, INC.

44005879

[redacted]

☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
1214 10TH STREET SAINT CLOUD FL 34769	P.O. BOX 701363 ST CLOUD FL 34771 US

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 59-6143322 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES INC.
3953 WW KELLEY ROAD
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent

Name C T Corporation System

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

c/o CT Corporation System 1200 South Pine Island Road

City Plantation FL Zip Code 33324

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.

Delete

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
After September 10, 2003, min will be $236.25

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	G SMITH, ROBERT 1385 17TH STREET SAINT CLOUD FL 34769	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Govenor Castle Marc 653 Rolfe Street Kissimmee Fl 34741	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASTLE, MARC 653 ROLFE STREET KISSIMMEE FL 34741	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director James Harris 713 Virginia Ave St Cloud Fl 34769	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEINKE, EDWARD G SR 1618 VERMONT AVE ST. CLOUD FL 34769	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAYSTEAD, JOHN 5010 APOLLO AVE ST. CLOUD FL 34773	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director clifford Hurd 695 E 5th Street St Cloud Fl 34769	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RASSLER, JEFFREY 4839 RUMMELL ROAD SAINT CLOUD FL 34769	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Ronald Webb 4760 Thompkins Rd St Cloud Fl 34771	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (4/03)

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: Edward Meinke SIGNATURE REQUIRED. 7-30-03 407-892-2201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 44005879

#705746

To Whom it May Concern:

I Edward G Meinke Sr. was miss informed about CT Corovporation System being our Registered Agent, IT is still Lexis Document services Inc. at this Time.

Thank You

Edward G Meinke Sr.