


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90009 021 ****61.25

| | | | |
|----------------------------------------------------------------------------------------|---------|-----------------------------------------------------------------------------------|---------|
| DOCUMENT # 709084 | |  | |
| 1. Entity Name PALM BEACH GARDENS LODGE NO. 2010, LOYAL ORDER OF MOOSE, INC. | | | |
| Principal Place of Business 3600 R.C.A. BLVD PALM BEACH FL 33410 US | | Mailing Address 3600 R.C.A. BLVD PALM BEACH FL 33410 US | |
| 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 (10/07)

| | | | |
|-------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|--|
| 4. FEI Number 59-1315021 | | 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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | City | Zip Code |
| | | FL | |

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 _____

| | | |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2008 | 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 NAME STREET ADDRESS CITY-ST-ZIP | AD CUCINELLI, EDWARD 9166 BLOOMFIELD DR PALM BEACH GARDENS FL 33410 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | G KLAUS, ROBERT 2665 MORES RD WEST PALM BEACH FL 33406 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PG WINNUBST, ROBERT 3630 HOILDAY RD PALM BEACH GARDENS FL 33410 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PG Hott, George 12795 Packwood Rd North Palm Beach, FL 33408 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MANSFIELD, DALE 1227 UTE STREET JUPITER FL 33458 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Roberts, Gerald 10162 Dogwood Ave Palm Beach Gardens, FL 33410 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PR VOTINO, HARVEY 9287 ACRES WAY WEST PALM BEACH FL 33403 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PR Phillips, Edward 8755 Coconut Blvd West Palm Beach, FL 33412 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR FENER, GREGG 4339 LILAC ST. PALM BEACH GARDENS FL 33410 | <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 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: _____ **4-29-08** **561-626-4417**