2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 07, 2008 8:00 am Secretary of State

Daytime Phone 6

DOCUMENT # 709598 1. Entity Name OKEECHOBEE LODGE NO 1753, LOYAL ORDER OF MOOSE, INC.								08 90062	035 ****61	.25
Principal Place of Business Mailing Address 159 NW 36TH STREET PO BOX 1243 OKEECHOBEE, FL 34972 OKEECHOBEE, FL 34973								IEI JOH CION OLON	i Alfil fiða eiski sli	IIIIAI BI KBEI
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				07302008	Chg-NP	CR2E	E037 (12/06)	
City & State		City & State				4. FEI Numbe 59-111		* '		oplied For ot Applicable
Ζiρ	Country	Zip Co		ntry		5. Certificate	of Status Desire	ed 🔲	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
CORROBATION SERVICE COMPANY				Name						
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Street Ad	ddress (P.	O. Box Numb	er is Not Accep	table)		
	,									
				City				F	Zip Cod	e
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registere	ed office or	registere	d agent, or bo	th, in the State o	of Florida. I a	ım familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Regist ere c	1 Agent signatu	w Derkuper aru	men reinstating)		DAT	E	
		9. Election Can Trust Fund C	npaign Fi	nancing		\$5.00 May B	e	Make che	eck payable to	
	Signature, typed or printed name of registered agent	9. Election Can Trust Fund C	npaign Fi	nancing	_ ;	\$5.00 May B Added to Fees		Make che Florida Dep	eck payable t	tate
Dı	Signature, typed or printed name of registered agent Filling Fee is \$61.25 ue by September 12, 2008	9. Election Can Trust Fund C	npaign Fi Contributi	inancing on.	_ ;	\$5.00 May B Added to Fees ODITIONS/CH		Make che Florida Dep	eck payable to partment of S	tate
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 08/05/2008 FRED VAN GORDER (863) 763-4954 SIGNATURE: