

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709598

FILED
Feb 03, 2009
Secretary of State

Entity Name: OKEECHOBEE LODGE NO 1753, LOYAL ORDER OF MOOSE, INC.

Current Principal Place of Business:

159 NW 36TH STREET
OKEECHOBEE, FL 34972

New Principal Place of Business:

Current Mailing Address:

PO BOX 1243
OKEECHOBEE, FL 34973

New Mailing Address:

FEI Number: 59-1119209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ADM () Delete
Name: SNOWDEN, MICHAEL
Address: 1921 S.E. 33RD ST
City-St-Zip: OKEECHOBEE, FL 34974

Title: GOV () Delete
Name: HUMPHREY, JONATHAN
Address: 3009 S.E. 23RD ST
City-St-Zip: OKEECHOBEE, FL 34974

Title: JRG () Delete
Name: BANKS, JOE
Address: 3101 N.W. 59TH TERR
City-St-Zip: OKEECHOBEE, FL 34972

Title: PRE () Delete
Name: BRICKO, CHESTER
Address: 1151 S.W. 85TH WAY
City-St-Zip: OKEECHOBEE, FL 34974

Title: TRE () Delete
Name: VAN GORDER, FRED
Address: 100 S.E. 10TH AVE, LOT 27
City-St-Zip: OKEECHOBEE, FL 34974

Title: T () Delete
Name: RILEY, NORMAN
Address: 300 S.W. 4TH ST
City-St-Zip: OKEECHOBEE, FL 34974

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL R. SNOWDEN

ADM

02/03/2009

Electronic Signature of Signing Officer or Director

Date