


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

FILED
Sep 05, 2008 8:00 am
Secretary of State

09-05-2008 90003 011 ****61.25

| | |
|--------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # 710187 |  |
| 1. Entity Name | |
| STUART LODGE NO 1282, LOYAL ORDER OF MOOSE, INC. | |

| | |
|----------------------------------------------------------|----------------------------------------------------------|
| Principal Place of Business | Mailing Address |
| 2454 SE INDIAN AVENUE P.O. BOX 506 STUART FL 34995 | 2454 SE INDIAN AVENUE P.O. BOX 506 STUART FL 34995 |

| | | | |
|------------------------------------------------|---------|---------------------|---------|
| 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 |

40110000



2nd MOORE CR2E037 (4/08)

| | | |
|------------------------------------------------------------------------------|--|--------------------------------------------------------|
| 4. FEI Number 23-7161400 | | 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 | | 7. Name and Address of New Registered Agent |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 | | Name |
| | | Street Address (P.O. Box Number is Not Acceptable) |
| | | City |
| | | FL Zip Code |

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 _____
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
Due By September 3, 2008

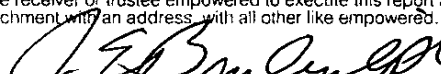
9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 | A BEAUREGARD, WILLIAM 8500 SOUTHEAST EAGLE AVENUE HOBE SOUND FL 33455 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | A Justin Bridenbough 8627 SW 18th Ave STUART FL 34997 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T CHAMBERLIN, ROBERT 2813 SOUTHEAST ELLENDALE STREET STUART FL 34997 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MARTIN KOERNER 3100 SE Woughby Blvd STUART FL 34994 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T TAYLOR, THOMAS F 3864 INWOOD PINES LANE PALM CITY FL 34990 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Louis Caldoro 61 SW 50 River Dr Apt 101 STUART FL 34997-3219 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BARRASSO, ANTHONY 1230 PARKVIEW PLACE D-4 STUART FL 34994 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ANTHONY C. BARRASSO 1230 S.E. PARKVIEW PL D-9 STUART, FL 34994 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | JPG MATERIOLI, RONALD 1090 SOUTHEAST BUTTONWOOD CIRCLE STUART FL 34997 <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 HELMS, JOHN 1162 SOUTHWEST ESTAUGH AVENUE PORT SAINT LUCIE FL 34953 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Neal Rice 2968 SE Delmar ST STUART FL 34997 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for 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:  Aug 30, 2008 287-2400