2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State
05-16-2008 90017 036 ****61.25

DOCUMENT # 712239

1. Entity Name
NORTH JACKSONVILLE LODGE NO. 2134, LOYAL ORDER OF MOOSE, INCORPORATED

Principal Place of Business	Mailing Address
9703 LEM TURNER ROAD JACKSONVILLE, FL 32208	9703 LEM TURNER ROAD JACKSONVILLE, FL 32208

05112008 Chg-NP CR2E037 (12/06)

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

4. FEI Number 59-1764806 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 David Buchan 5-12-08
Signature, typed or printed name of registered agent and title if applicable (Required) (Registered agent signature required when changing) DATE

Filing Fee is $61.25
Due by September 12, 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	D BEECHER, DOYLE 7605 SYCAMORE ST JACKSONVILLE, FL 32219	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D MCKENZIE, JESSE W 15500 NEW KING RD N JACKSONVILLE, FL 32219	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D RIGSBY, HAROLD 5720 PICKETTVILLE RD JACKSONVILLE, FL 32254	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T LYNCH, MAURICE 11998 SIMMONS RD JACKSONVILLE, FL 32218	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Trustee Joseph Teston 5463 Allemanda Dr. Jax. Fl. 32210	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T DUMOND, BRIAN 9564 RIDGE BLVD JACKSONVILLE, FL 32208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T WILLIAMS, ROGER E 10542 FAIRLANE DRIVE JACKSONVILLE, FL 32218	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ 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: David Buchan 5-12-08 904-764-2616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Telephone Number