


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90025 015 \*\*\*\*61.25

|  |         |  |         |   |
|--|---------|--|---------|---|
| <b>DOCUMENT # 712391</b>   |         |  |         |  |
| 1. Entity Name<br>WEST DADE LODGE NO. 1825, LOYAL ORDER OF MOOSE, INCORPORATED |         |  |         |   |
| Principal Place of Business<br>9900 SW 77TH AVENUE<br>MIAMI FL 33156           |         | Mailing Address<br>9900 SW 77TH AVENUE<br>MIAMI FL 33156 |         |   |
| 2. Principal Place of Business   |         | 3. Mailing Address                                       |         |   |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.                                      |         |   |
| City & State   |         | City & State   |         |   |
| Zip  | Country | Zip  | Country |   |

**54061636**



MOORE CR2E037 (11/03)

|   |  |  |  |
|---|--|--|--|
| 4. FEI Number<br><b>59-1259334</b>                        |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required                  |  |

|  |  |  |  |  |  |  |  |    |  |          |  |
|--|--|--|--|--|--|--|--|----|--|----------|--|
| 6. Name and Address of Current Registered Agent                              |  |  |  | 7. Name and Address of New Registered Agent        |  |  |  |    |  |          |  |
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION FL 33324 |  |  |  | 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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|  |  |                                    |  |
|--|--|------------------------------------|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Florida Department of State</b> |
|--|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS |                        |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                    |   |  |
|----------------------------|------------------------|--|--|---|--------------------|---|--|
| TITLE NAME                 | P<br>STANLEY, PAUL C   | <input type="checkbox"/> Delete            |  | TITLE NAME  |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |  |
| STREET ADDRESS             | 5341 SW 67 AVE         |  |  | STREET ADDRESS  |                    |   |  |
| CITY-ST-ZIP                | MIAMI FL 33155         |  |  | CITY-ST-ZIP   |                    |   |  |
| TITLE NAME                 | S<br>KENDRICK, JOE H   | <input type="checkbox"/> Delete            |  | TITLE NAME  |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |  |
| STREET ADDRESS             | 5560 W 13 CT           |  |  | STREET ADDRESS  |                    |   |  |
| CITY-ST-ZIP                | HIALEAH FL 33012       |  |  | CITY-ST-ZIP   |                    |   |  |
| TITLE NAME                 | D<br>O'NEIL, FRANK     | <input checked="" type="checkbox"/> Delete |  | TITLE NAME  | P<br>JIM COLLINS   | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| STREET ADDRESS             | 7925 SW 104 STREET     |  |  | STREET ADDRESS  | 9900 SW 77 AVE     |   |  |
| CITY-ST-ZIP                | MIAMI FL 33156         |  |  | CITY-ST-ZIP   | MIAMI, FL 33156    |   |  |
| TITLE NAME                 | V<br>MCCOY, DAVID C    | <input type="checkbox"/> Delete            |  | TITLE NAME  |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |  |
| STREET ADDRESS             | 4905 SW 111TH AVE      |  |  | STREET ADDRESS  |                    |   |  |
| CITY-ST-ZIP                | MIAMI FL 33165         |  |  | CITY-ST-ZIP   |                    |   |  |
| TITLE NAME                 | D<br>PIERSON, JERRY    | <input type="checkbox"/> Delete            |  | TITLE NAME  |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |  |
| STREET ADDRESS             | 10000 SW 147 CT        |  |  | STREET ADDRESS  |                    |   |  |
| CITY-ST-ZIP                | MIAMI FL 33196         |  |  | CITY-ST-ZIP   |                    |   |  |
| TITLE NAME                 | D<br>TEMPLETON, ALBERT | <input checked="" type="checkbox"/> Delete |  | TITLE NAME  | P<br>GERALD RUDOFF | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| STREET ADDRESS             | 11481 SW 93 ST         |  |  | STREET ADDRESS  | 13255 SW 98 PL.    |   |  |
| CITY-ST-ZIP                | MIAMI FL               |  |  | CITY-ST-ZIP   | MIAMI, FL 33176    |   |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **7-6-04 305-279-5972**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #