


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 712391			
1. Entity Name WEST DADE LODGE NO. 1825, LOYAL ORDER OF MOOSE, INCORPORATED			
Principal Place of Business 9900 SW 77TH AVENUE MIAMI, FL 33156		Mailing Address 9900 SW 77TH AVENUE MIAMI, FL 33156	
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 59-1259334		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 P NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT COLLINS, JIM 9900 SW 77TH AVENUE MIAMI, FL 33156 <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	D STANLEY, PAUL C <input checked="" type="checkbox"/> Delete 9900 SW 77 AVE MIAMI, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JEFF ALT 10300 SW 116 AVE MIAMI, FL 33176
TITLE A NAME STREET ADDRESS CITY-ST-ZIP	ADMINISTRATOR MCCOY, DAVID C <input type="checkbox"/> Delete 4905 SW 111TH AVE MIAMI, FL 33185	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	PRELATE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SEAN HAYES 10031 NW 27 TER MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: <u>David C. McCoy</u>		DAVID C. MCCOY 305-279-5972 Date: <u>2/5/2007</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR		Date Daytime Phone #	