

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715372

FILED
Apr 14, 2009
Secretary of State

Entity Name: FORT WALTON BEACH LODGE NO. 2193, LOYAL ORDER OF MOOSE, INC.

Current Principal Place of Business:

215 GREEN ACRES RD.
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

215 GREEN ACRES RD.
FORT WALTON BEACH, FL 32547

New Mailing Address:

FEI Number: 59-1361953 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRUNDY, BRIAN
618 BURGUNDY LANE
FORT WALTON BEACH, FL 32547 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: P () Delete
Name: GREEN, MONROE
Address: 1312 GREENDALE AVE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: T () Delete
Name: BROCHU, HENRY
Address: 1406 22ND STREET
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: ROBERTS, BILL
Address: 1005 SHALIMAR POINTE
City-St-Zip: SHALIMAR, FL 32579

Title: VP () Delete
Name: SULLIVAN, WAYNE
Address: 8365 FORT WORTH ST.
City-St-Zip: NAVARRE, FL 32566

Title: D () Delete
Name: TRUNDY, BRIAN
Address: 618 BURGUNDY LANE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SULLIVAN, WAYNE
Address: 8365 FORT WORTH ST
City-St-Zip: NAVARRE, FL 32566

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

Title: D (X) Change () Addition
Name: CORNUTT, FLOYD
Address: 364 GARDNER DR
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VP (X) Change () Addition
Name: TRUNDY, BRIAN
Address: 618 BURGUNDY LN
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D (X) Change () Addition
Name: YOUNG, TERY
Address: 723 OSAGE DR
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: ADM () Change (X) Addition
Name: HOLLINGSWORTH, MICHAEL
Address: 4 MIRACLE ST
City-St-Zip: FORT WALTON BEACH, FL 32547

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 HOLLINGSWORTH

ADM

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date