

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722078

FILED
Apr 13, 2009
Secretary of State

Entity Name: ISLAMORADA LODGE NO. 2151, LOYAL ORDER OF MOOSE, INC.

Current Principal Place of Business:

81573 OLD HIGHWAY
ISLAMORADA, FL 33036

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 629
ISLAMORADA, FL 33036

New Mailing Address:

FEI Number: 23-7520324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PD () Delete
Name: CAMPBELL, LEO
Address: PO BOX 1216
City-St-Zip: LONG KEY, FL 33001

Title: VD () Delete
Name: RANDEL, STEVE
Address: 139 BESSIE RD
City-St-Zip: TAVERNIER, FL 33070

Title: TD () Delete
Name: KAY, BENARD
Address: P O BOX 393
City-St-Zip: ISLAMORADA, FL 33036

Title: SD () Delete
Name: WRIGHT, DALE C
Address: 35303 SW 180 AVE #308
City-St-Zip: FLORIDA CITY, FL 33034

Title: D () Delete
Name: LIEDKE, ROBERT
Address: 117 NAUTILUS DR
City-St-Zip: ISLAMORADA, FL 33036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: ZACKMAN, BRADLEY
Address: 182 GULFVIEW DR
City-St-Zip: ISLAMORADA, FL 33036 US

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

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

Title: D (X) Change () Addition
Name: NORGATE, CARL
Address: PO BOX 476
City-St-Zip: TAVERNIER, FL 33070

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: DALE C WRIGHT

SD

04/13/2009

Electronic Signature of Signing Officer or Director

Date