


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90018 024 \*\*\*\*70.00

<b>DOCUMENT # 724060</b>			
1. Entity Name MANDARIN LODGE NO. 42, LOYAL ORDER OF MOOSE, INC.			
Principal Place of Business 4450 LOSCO ROAD JACKSONVILLE, FL 32257		Mailing Address 4450 LOSCO ROAD JACKSONVILLE, FL 32257	
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
01102008		Chg-NP	CR2E037 (12/06)
4. FEI Number 59-1400997		Applied For Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$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 _____ DATE _____			
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2008		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	S	TITLE	S
NAME	CASE, JONATHAN A	NAME	EDWARD L. HILLS
STREET ADDRESS	4686 GOLDEN SPIKE CT	STREET ADDRESS	12462 BLUEBERRY WOODS CIRCLE
CITY-ST-ZIP	JACKSONVILLE, FL 32257	CITY-ST-ZIP	JACKSONVILLE, FL 32258
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P	TITLE	
NAME	KEMP, ROBERT T	NAME	
STREET ADDRESS	10911 STARWOOD DRIVE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP	TITLE	
NAME	CLEVENGER, JOSEPH L	NAME	
STREET ADDRESS	4450 LOSCO RD. #37	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32260	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T	TITLE	T
NAME	GIBLIN, JAMES	NAME	PASO HALL
STREET ADDRESS	3370 MAIDEN VOYAGE CIR N.	STREET ADDRESS	1609 REBECCA CT.
CITY-ST-ZIP	JACKSONVILLE, FL 32257	CITY-ST-ZIP	JACKSONVILLE FL 32259
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T	TITLE	T
NAME	HILLS, EDWARD	NAME	BILL SCHMITZ
STREET ADDRESS	12462 BLUEBERRY WOODS CIRCLE	STREET ADDRESS	4422 PRINCESS LADYBETH CT. W
CITY-ST-ZIP	JACKSONVILLE, FL 32258	CITY-ST-ZIP	JACKSONVILLE FL 32258
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T	TITLE	T
NAME	TAYLOR, RODNEY J	NAME	ANDY BARTLETT
STREET ADDRESS	12466 BLUEBERRY CIR E.	STREET ADDRESS	1590 BELUTHA HATCHER RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32258	CITY-ST-ZIP	JACKSONVILLE FL 32259
	<input type="checkbox"/> Delete		<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>Edward L. Hills</u>		EDWARD L. HILLS	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 1/4/08 904-269-5614	
		Daytime Phone #	