


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 724490 1. Entity Name ROYAL PALM BEACH LODGE NO. 2245, LOYAL ORDER OF MOOSE, INC.						06 NOV -3 PM 2:41	
Principal Place of Business 828 "F" ROAD LOXAHATCHEE, FL 33470 US				Mailing Address 828 "F" ROAD LOXAHATCHEE, FL 33470 US			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 23-7213730				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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25				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 NAME STREET ADDRESS CITY-ST-ZIP	A SINGLETON, LEE 828 F ROAD LOXAHATCHEE, FL 33470			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	A STEVE DONAHUE 1622 SOUTH CLUB DRIVE WELLINGTON, FL 33414	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LARSON, KEN 13382 BRYANT ROAD LOXAHATCHEE, FL 33470			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JAMES KENNINGTON 15095 FOREST LANE LOXAHATCHEE, FL 33470	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODSTOCK, HEATH 14413 TANGERIZERLI LOXAHATCHEE, FL 33470			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHEN CARACCIO 4340 WINCHESTER LANE WEST PALM BEACH, FL 33406	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	G LEDoux, MIKE 13596 6TH COURT N LOXAHATCHEE, FL 33470			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	G DAVID SMITH 11480 68th STREET NORTH WEST PALM BEACH, FL 33412	
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>Stephen Caraccio</u> STEPHEN CARACCIO 11-1-06 561-962-7631 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							