

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 24, 2006  
Secretary of State**

DOCUMENT# 724867

Entity Name: SEBRING LODGE NO 2259 LOYAL ORDER OF MOOSE INC

**Current Principal Place of Business:**

11675 US 98  
P. O. BOX 1685  
SEBRING, FL 33871

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1685  
SEBRING, FL 33871

**New Mailing Address:**

FEI Number: 59-1738641      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 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: ADD ( ) Delete  
Name: JOHNSTON, EDWIN  
Address: 424 MAPLE LANE  
City-St-Zip: SEBRING, FL 33876

Title: TD ( ) Delete  
Name: LONG, THOMAS  
Address: 408 GRANADA CT  
City-St-Zip: SEBRING, FL 33876

Title: GD ( ) Delete  
Name: MARBLE, LLOYD  
Address: 505 N LAKE DR  
City-St-Zip: SEBRING, FL 33857

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: EDWIN JOHNSTON

ADD

04/24/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date