


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90070 002 ****61.25

DOCUMENT # 725075					
1. Entity Name HIALEAH LODGE NO 1074, LOYAL ORDER OF MOOSE INC					
Principal Place of Business 305 E 32ND ST HIALEAH FL 33013 - 3214 US		Mailing Address 305 E 32ND ST HIALEAH FL 33013 - 3214 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0621925	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		MOORE CR2E037 (11/03)			
Not Applicable					
6. Name and Address of Current Registered Agent C.T. CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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	PPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HEATON, ROBERT L		NAME		
STREET ADDRESS	6051 NW 40 TERR		STREET ADDRESS		
CITY-ST-ZIP	VIRGINIA GARDENS FL 33166		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, JR., ROBERT W		NAME		
STREET ADDRESS	233 E 45 ST		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33013-1827		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POPOVICH, JOHN W		NAME		
STREET ADDRESS	131 WEST 59 ST		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33012-2628-2623		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TOLAR, FLOYD L		NAME	VPD RAYMOND P. CANERO	
STREET ADDRESS	1083 EAST 23 ST		STREET ADDRESS	610 WEST 64 DRIVE	
CITY-ST-ZIP	HIALEAH FL 33013		CITY-ST-ZIP	HIALEAH FL 33012-6556	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MULLANEY, MICHAEL L		NAME		
STREET ADDRESS	740 W 75 ST		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33014		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FLEISHER, LAWRENCE S		NAME	PD GEORGE W. MILLER	
STREET ADDRESS	560 EAST 53 ST		STREET ADDRESS	470 EAST 51 ST	
CITY-ST-ZIP	HIALEAH FL 33013		CITY-ST-ZIP	HIALEAH FL 33013-1543	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____			3/30/04 (786) 280-1074		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		