2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 23, 2007 8:00 am
Secretary of State
04-05-2007 90141 021 ****70.00

DOCUMENT # 730036

1. Entity Name
ENGLEWOOD LODGE NO. 1933, LOYAL ORDER OF MOOSE, INC.

Principal Place of Business	Mailing Address
55 WEST DEARBORN ENGLEWOOD, FL 34223	P. O. BOX 717 ENGLEWOOD, FL 34295-0717

02022007 Chg-NP CR2E037 (12/06)

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

4. FEI Number 65-0027497 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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 Paul Ducatte 4-2-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	GOVD CONKLIN, ROBERT 4530 BAYANO ST NORTH PORT, FL 34287	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GOVD JERRY FAUGHT 5898 MAYBERRY AVE NORTHPORT, FL 34287	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JRGD FAUGHT, JERRY 5898 MAYBERRY AVE NORTH PORT, FL 34287	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JRDG GARY MULAWA 1171 ROTONDA CIRCLE ROTONDA WEST, FL 33947	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DESANTIS, JAMES 215 COWLES ST 6 ENGLEWOOD, FL 34223	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BOB EASTMAN 1242 HOT SPRINGS ENGLEWOOD, FL 34223	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ADMD DUCATTE, PAUL 775 LIBERTY ENGLEWOOD, FL 34223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Paul Ducatte PAUL DUCATTE 4-26-07 941-474-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #