

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730036

FILED
Apr 13, 2009
Secretary of State

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

Current Principal Place of Business:

55 WEST DEARBORN
ENGLEWOOD, FL 34223

New Principal Place of Business:

55 WEST DEARBORN
ENGLEWOOD, FL

Current Mailing Address:

P. O. BOX 717
ENGLEWOOD, FL 342950717

New Mailing Address:

55 WEST DEARBORN
ENGLEWOOD, FL

FEI Number: 65-0027497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-252 US

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:

04/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: MULAWA, GARY
Address: 1171 ROTONDA CIRCLE
City-St-Zip: ROTONDA WEST, FL 33947

Title: D () Delete
Name: HETHERINGTON, LEON
Address: 230 S NEW YORK AVE
City-St-Zip: ENGLEWOOD, FL 34223

Title: TD () Delete
Name: EASTMAN, BOB
Address: 1242 HOT SPRINGS
City-St-Zip: ENGLEWOOD, FL 34223

Title: ADMD () Delete
Name: DUCATTE, PAUL
Address: 775 LIBERTY ST
City-St-Zip: ENGLEWOOD, FL 34223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: MULAWA, GARY
Address: 1171 ROTONDA CIRCLE
City-St-Zip: ROTONDA WEST, FL

Title: D (X) Change () Addition
Name: HETHERINGTON, LEON
Address: 230 S NEW YORK AVE
City-St-Zip: ENGLEWOOD, FL

Title: TD (X) Change () Addition
Name: EASTMAN, BOB
Address: 1242 HOT SPRINGS
City-St-Zip: ENGLEWOOD, FL

Title: ADMD (X) Change () Addition
Name: DUCATTE, PAUL
Address: 775 LIBERTY ST
City-St-Zip: ENGLEWOOD, FL

I hereby certify that the information supplied with this filing does not qualify 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: PAUL DUCATTE

ADMD

04/13/2009

Electronic Signature of Signing Officer or Director

Date