


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90193 004 \*\*\*\*61.25

<b>DOCUMENT # 732976</b>					
<b>1. Entity Name</b> LOYAL ORDER OF MOOSE GULF GATE LODGE # 608, INC.					
<b>Principal Place of Business</b> 6577 SUPERIOR AVENUE SARASOTA, FL 34231 US			<b>Mailing Address</b> 6577 SUPERIOR AVENUE SARASOTA, FL 34231 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 51-0143750	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
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		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> NEWTON, WILLIAM		<b>TITLE</b> PD	<b>NAME</b> Bert W. HUDSON SR	
<b>STREET ADDRESS</b> 2810 CONCORD ST	<b>CITY-ST-ZIP</b> SARASOTA, FL 34231		<b>STREET ADDRESS</b> 372 Redwood Rd	<b>CITY-ST-ZIP</b> VENICE, FL 34293	
<b>TITLE</b> VD	<b>NAME</b> HOCKADAY, JASON		<b>TITLE</b> VD	<b>NAME</b> KEN ROBERTS	
<b>STREET ADDRESS</b> 2711 GRAFTON ST	<b>CITY-ST-ZIP</b> SARASOTA, FL 34231		<b>STREET ADDRESS</b> 7020 CAPTAN KIDD AVE #37	<b>CITY-ST-ZIP</b> SARASOTA, FL 34231	
<b>TITLE</b> D	<b>NAME</b> HOHLT, STANLEY		<b>TITLE</b> D	<b>NAME</b> MARK KEEFER	
<b>STREET ADDRESS</b> 4717 GARCIA AVE	<b>CITY-ST-ZIP</b> SARASOTA, FL 34233		<b>STREET ADDRESS</b> 2482 BREAKWATER CIR.	<b>CITY-ST-ZIP</b> SARASOTA, FL 34231	
<b>TITLE</b> ADM	<b>NAME</b> KRAUS, CHARLES T		Change Addition		
<b>STREET ADDRESS</b> 2321 CANALBLOFF PL	<b>CITY-ST-ZIP</b> SARASOTA, FL 34231		Change Addition		
<b>TITLE</b> T	<b>NAME</b> THORNBLOOM, JASON		Change Addition		
<b>STREET ADDRESS</b> 6646 GLADES WAY	<b>CITY-ST-ZIP</b> SARASOTA, FL 34231		Change Addition		
<b>TITLE</b> T	<b>NAME</b> MULLIGAN, TERRY		Change Addition		
<b>STREET ADDRESS</b> 6127 PAULINE AVE.	<b>CITY-ST-ZIP</b> SARASOTA, FL 34231		<b>TITLE</b> D	<b>NAME</b> DENANE CROSBY	
<b>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 any address, with all other like empowered.</b>			Change Addition		
<b>SIGNATURE:</b> <i>C.T. Kraus</i>			C.T. KRAUS		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4/17/07 Daytime Phone #: 941-922-4348		