

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90051 007 ****61.25

DOCUMENT # 739867



1. Entity Name
BIG PINE KEY LODGE NO. 1585 LOYAL ORDER OF MOOSE, INC.

Principal Place of Business
**21ST STREET & WILDER RD.
 LODGE 1585
 BIG PINE KEY, FL 33043**

Mailing Address
**P.O. BOX 430749
 BIG PINE KEY, FL 33043**

50004844



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01132005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-1706927

Applied For
 Not Applicable

Zip Country Zip Country

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2005**

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 **D** Delete
 NAME **ENGLER, ARTHUR**
 STREET ADDRESS **783 DIANA ST.**
 CITY-ST-ZIP **LITTLE TORCH KEY, FL 33042**

TITLE **D** Change Addition
 NAME **William Holtz**
 STREET ADDRESS **PO Box 431809**
 CITY-ST-ZIP **BIG PINE Key, FL 33043**

TITLE **D** Delete
 NAME **DICKEY, THOMAS**
 STREET ADDRESS **PO BOX 43**
 CITY-ST-ZIP **BIG PINE KEY, FL 33043**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** Delete
 NAME **ZIMMERMAN, JOHN**
 STREET ADDRESS **#71 COUNTRY RD**
 CITY-ST-ZIP **BIG PINE KEY, FL 33042**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **WALLACE, ROBERT**
 STREET ADDRESS **P.O. BOX 430205**
 CITY-ST-ZIP **BIG PINE KEY, FL 33043**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **NERRISON, MARK**
 STREET ADDRESS **PO BOX 430460**
 CITY-ST-ZIP **BIG PINE KEY, FL 33043**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **JOHN ZIMMERMAN** **1-18-05** **305-812-1141**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #