

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90320 049 ****61.25

0006584

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
**PO BOX 430749
LODGE 1585
BIG PINE KEY FL 33043**

10111401



CHECK HERE IF MAKING CHANGES

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

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

City & State

Zip Country Zip Country

4. FEI Number **59-1706927** Applied For
Not Applicable.

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

6. Name and Address of Current Registered Agent
**LEXIS DOCUMENT SERVICES INC.
3953 WW KELLEY ROAD
TALLAHASSEE FL 32311**

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

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ENGLER, ARTHUR	
STREET ADDRESS	783 DIANA ST.	
CITY-ST-ZIP	LITTLE TORCH KEY FL 33042	
TITLE	D	<input type="checkbox"/> Delete
NAME	DICKEY, THOMAS	
STREET ADDRESS	PO BOX 43	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	CONKRIGHT, RICHARD	
STREET ADDRESS	31220 AVE I	
CITY-ST-ZIP	BIG PINE KEY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TAIT, MARK	
STREET ADDRESS	29148 ROSE ST.	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN ZIMMERMAN	
STREET ADDRESS	#71 COUNTY RD	
CITY-ST-ZIP	BIG PINE KEY, FL 33042	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKE Berne	
STREET ADDRESS	29525 Flying Cloud Ave	
CITY-ST-ZIP	BIG PINE Key, FL 33042	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED JOHN ZIMMERMAN 9/8/03 305-872-1141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)