

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90021 048 ****70.00

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1. Entity Name

LAKELAND LODGE NO. 945, LOYAL ORDER OF MOOSE, INC.

Principal Place of Business

1223 E. LAKE PARKER DRIVE
LAKELAND FL 33801

Mailing Address

1223 E. LAKE PARKER DRIVE
LAKELAND FL 33801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0541717

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

Larry O Nicholls

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-21-05

**FILE NOW: 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DELACRUZ, GINO	
STREET ADDRESS	444 LEISURE PL	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	GD	<input checked="" type="checkbox"/> Delete
NAME	GRIMES, STEVE	
STREET ADDRESS	3301 N CIMBEE RD	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	AD	<input type="checkbox"/> Delete
NAME	NICHOLLS, LARRY D	
STREET ADDRESS	1346 ROWELL ST.	
CITY-ST-ZIP	AUBRUNDALE FL 33823	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GRIFFIN, ALEX	
STREET ADDRESS	1613 FAYE ST	
CITY-ST-ZIP	LAKELAND FL 33801	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	GRIMES STEVE	
STREET ADDRESS	3301 N. COMBEE RD	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	GD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	THOMAS E HAMIC	
STREET ADDRESS	4884 LAKELAND HARBOR DRIVE	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	GINO DELACRUZ	
STREET ADDRESS	444 LEISURE PL	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Larry O Nicholls

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-21-05 863-665-