

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90089 001 \*\*\*\*70.00

**DOCUMENT # 745259**



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

1st MOORE

CR2E037 (10/05)



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 D Nicholls*

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

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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** ☐ Delete  
NAME **GRIMES, STEVE**  
STREET ADDRESS **3301 N COMBEE RD**  
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **GD** ☐ Delete  
NAME **HAMIC, THOMAS E**  
STREET ADDRESS **4884 LAKELAND HARBOR CIRCLE**  
CITY-ST-ZIP **LAKELAND FL 33805**

TITLE **AD** ☐ Delete  
NAME **NICHOLLS, LARRY D**  
STREET ADDRESS **1346 ROWELL ST.**  
CITY-ST-ZIP **AUBRUNDALE FL 33823**

TITLE **PD** ☒ Delete  
NAME **DELACRUZ, GINO**  
STREET ADDRESS **444 LEISURE PL**  
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **PD**  
STREET ADDRESS **ALEY B. GRIFFIN**  
CITY-ST-ZIP **1613 FAYE ST. 33803**  
**LAKELAND FL**

TITLE ☐ Change ☐ Addition  
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 exemptions contained in Section 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 an address, with all other like empowered.

SIGNATURE:

*Larry D Nicholls*

1-25-06 863-665-3621