

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90313 026 \*\*\*\*61.25

**DOCUMENT # 746480**

1. Entity Name

**KENDALE LAKES LODGE # 2086 LOYAL ORDER OF  
MOOSE, INC.**



Principal Place of Business

**KENDALE LAKES MOOSELODGE 2086  
12254 SW 128 STREET  
MIAMI FL 33186  
US**

Mailing Address

**KENDALE LAKES MOOSELODGE 2086  
12254 SW 128 STREET  
MIAMI FL 33186  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

**59-1885465**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

**4/8/04**

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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 **DALSGARD, MICHAEL**  
STREET ADDRESS **9712 SW 134 PLACE**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **G** ☒ Delete  
NAME **GRACE, PAUL J**  
STREET ADDRESS **PO BOX 2196**  
CITY-ST-ZIP **KEY LARGO FL 33031**

TITLE **JG** ☒ Delete  
NAME **FARRELL, HIRDAHL**  
STREET ADDRESS **15836 SW 74 LANE**  
CITY-ST-ZIP **MIAMI FL 33193**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **Admin.** ☒ Change ☐ Addition  
NAME **RICHARD FARRELL**  
STREET ADDRESS **15836 S.W 74 LANE**  
CITY-ST-ZIP **MIAMI FL 33193**

TITLE **GOVERNOR** ☒ Change ☐ Addition  
NAME **DANIEL ENNIS**  
STREET ADDRESS **11331 S.W 134 AVE**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **Social MGR** ☒ Change ☐ Addition  
NAME **PAUL GRAHA**  
STREET ADDRESS **P.O BOX 2196**  
CITY-ST-ZIP **KEY LARGO FL 33031**

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

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.

**ADMINISTRATOR**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RICHARD FARRELL**

Date

Daytime Phone #

**305-255-5382**