

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 750713 1. Entity Name FORT PIERCE LODGE NO. 248, LOYAL ORDER OF MOOSE, INC.						FILED 06 OCT -9 AM 9:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 3216 US HWY 1 SUITE 1 FORT PIERCE, FL 34982 US				Mailing Address 3216 US HWY 1 SUITE 1 FORT PIERCE, FL 34982 US			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Fort Pierce, FL				City & State Fort Pierce, FL			
Zip 34982		Country US		Zip 34982		Country US	
4. FEI Number 59-0652258				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE P NAME MALLORY, PETER J STREET ADDRESS 6509 LEPOTE CT. CITY-ST-ZIP FORT PIERCE, FL 34951	<input checked="" type="checkbox"/> Delete			TITLE PRESIDENT NAME WILLIAM MCCORMACK STREET ADDRESS 536 SW UNDALLO RD CITY-ST-ZIP FORT ST LUCIE, FL 34953	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE VP NAME O'BRIEN, PARICK STREET ADDRESS 5112 BIRCH DR. CITY-ST-ZIP FORT PIERCE, FL 34982	<input checked="" type="checkbox"/> Delete			TITLE VP NAME PAUL TITEL STREET ADDRESS 1207 S. LAKES END DR. CITY-ST-ZIP APT D-2 FORT PIERCE, FL 34982	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE S NAME HORAN, R STREET ADDRESS 8021 OKEECHOBEE RD CITY-ST-ZIP FORT PIERCE, FL 34982	<input checked="" type="checkbox"/> Delete			TITLE S NAME FREDERIC W. GUISE STREET ADDRESS 5 NOVEDADES CITY-ST-ZIP FORT ST. LUCIE, FL 34952	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE TD NAME MALLORY, PETER J STREET ADDRESS 49 SUNSHINE AVE. CITY-ST-ZIP FORT PIERCE, FL 34982	<input checked="" type="checkbox"/> Delete			TITLE T NAME GASTON CAPLEY STREET ADDRESS 185 SILVER STREAM CIR CITY-ST-ZIP FORT PIERCE, FL 34946	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE D NAME ALBRECHT, CRAIG D STREET ADDRESS 5201 FT. PIERCE BLVD CITY-ST-ZIP FORT PIERCE, FL 34951	<input checked="" type="checkbox"/> Delete			TITLE D NAME MARK GUISE STREET ADDRESS 3535 OLD DIXIE HWY CITY-ST-ZIP FT. PIERCE, FL 34946	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE O NAME SEARLES, JIMMY STREET ADDRESS 2306 ST. LUCIE BLVD CITY-ST-ZIP FORT PIERCE, FL 34979	<input type="checkbox"/> Delete			<div style="text-align: center;"> 300080640703 10/09/06--01052--008 **70.00 </div>			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Frederic W. Guise</i> FREDERIC W. GUISE 10-6-06 772-429-7744 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE</small>							