


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 752240 1. Entity Name JACKSONVILLE LODGE NO. 455, LOYAL ORDER OF MOOSE, INC.						FILED 05 JAN 24 AM 11:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3834 SOUTHSIDE BLVD JACKSONVILLE, FL 32216 US				Mailing Address 3834 SOUTHSIDE BLVD JACKSONVILLE, FL 32216 US			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent CITICORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent JACKSONVILLE LODGE NO. 455, LOYAL ORDER OF MOOSE, INC. 3834 SOUTHSIDE BLVD JACKSONVILLE, FL 32216			
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.				4. FEI Number 59-0306273			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable			
SIGNATURE <u>John W Brown</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <u>10-25-04</u> <small>NOTE: Registered Agent signature required when reinstating</small>			
FILE NOW!!! FEE IS \$236.25 After January 1, 2005, Fee will be \$297.50				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE T NAME CARLILL, KERRY STREET ADDRESS 3413 KILLARNEY DR CITY-ST-ZIP JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Delete				TITLE T NAME OWENS, RAYMOND STREET ADDRESS 2551 SANDUSKY AVE E. CITY-ST-ZIP JACKSONVILLE, FL 32216 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE T NAME KISH, KENNETH STREET ADDRESS 5313 TILTING OAK CT. E CITY-ST-ZIP JACKSONVILLE, FL 32258 <input type="checkbox"/> Delete				TITLE PRELATE NAME 500042526515 STREET ADDRESS 11/05/04--01059--001 CITY-ST-ZIP ***236.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE G NAME SINGLETARY, ROBERT STREET ADDRESS 2616 EMILY LANE CITY-ST-ZIP JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Delete				TITLE G NAME MILLER, BERNIE STREET ADDRESS 7204 GLENNYNE DR N. CITY-ST-ZIP JACKSONVILLE, FL 32216 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE JPG NAME COCHRAN, STEVE STREET ADDRESS 5660 MEAKLE RD CITY-ST-ZIP JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Delete				TITLE JPG NAME JUSTICE, DAVID STREET ADDRESS 8203 HIGHLAND AVE CITY-ST-ZIP JACKSONVILLE, FL 32216 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE A NAME BROWN, JOHN STREET ADDRESS 9775 CREEK FRONT RD. APT. 1703 CITY-ST-ZIP JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete				TITLE 500042526515 NAME 01/31/05--01003--010 STREET ADDRESS ***70.00 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE T NAME HOFFMEISTER, WILLIAM STREET ADDRESS 3941 EVE DR E CITY-ST-ZIP JACKSONVILLE, FL 32246 <input checked="" type="checkbox"/> Delete				TITLE JR GOV NAME ROBERT SINGLETARY STREET ADDRESS 2616 EMILY LN. CITY-ST-ZIP JACKSONVILLE, FL 32216 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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: <u>John W Brown</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>10-25-04</u> <small>Daytime Phone #</small>			