

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

**FILED**  
**Jul 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 752240</b> 1. Entity Name <b>JACKSONVILLE LODGE NO. 455, LOYAL ORDER OF MOOSE, INC.</b>					
Principal Place of Business <b>3834 SOUTHSIDE BLVD JACKSONVILLE FL 32216 US</b>		Mailing Address <b>3834 SOUTHSIDE BLVD JACKSONVILLE FL 32216 US</b>			
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  <b>BROWN, JOHN 3834 SOUTHSIDE BLVD JACKSONVILLE FL 32216</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 <b>59-0306273</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-issuing)</small>				DATE _____	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OWENS, RAYMOND 2551 SANDUSKY AVE E JACKSONVILLE FL 32216	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000570323 07/14/06-80009-013 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KISH, KENNETH PRELATE 5313 TILTING OAK CT. E JACKSONVILLE FL 32258	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	G MILLER, BERNIE 7204 GLENDYNE DR N JACKSONVILLE FL 32216	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JPG JUSTICE, DAVID 8203 HIGHLAND AVE JACKSONVILLE FL 32216	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A BROWN, JOHN 9775 CREEK FRONT RD. APT. 1703 JACKSONVILLE FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JR SINGLETERY, ROBERT GOV 2616 EMILY LN JACKSONVILLE FL 32216	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:**

*John W Brown*

7-12-06

904-641-6688