

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2008 8:00 am
Secretary of State

07-11-2008 90016 021 ****61.25

DOCUMENT # 752240

1. Entity Name
**JACKSONVILLE LODGE NO. 455, LOYAL ORDER OF
MOOSE, INC.**



Principal Place of Business
**3834 SOUTHSIDE BLVD
JACKSONVILLE, FL 32216 US**

Mailing Address
**3834 SOUTHSIDE BLVD
JACKSONVILLE, FL 32216 US**

40110279



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07092008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-0306273

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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

**Filing Fee is \$61.25
Due by September 12, 2008**

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 **T** ☒ Delete
NAME **BROWN, JOHN W**
STREET ADDRESS **9775 CREEK FRONT RD APT 1703**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE **P** ☐ Delete
NAME **BRYANT, GEORGE**
STREET ADDRESS **4140 DALRY DR**
CITY-ST-ZIP **JACKSONVILLE, FL 32246**

TITLE **G** ☐ Delete
NAME **SINGLETARY, ROBERT**
STREET ADDRESS **2616 EMILY LN**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE **TR** ☒ Delete
NAME **WAGNER, DAVID**
STREET ADDRESS **7133 ARLET DR**
CITY-ST-ZIP **JACKSONVILLE, FL 32211**

TITLE **A** ☐ Delete
NAME **BROWN, JOHN**
STREET ADDRESS **3834 SOUTHSIDE BLVD**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE **JRGO** ☒ Delete
NAME **HENDERSON, ALLEN**
STREET ADDRESS **14339 ALEXIS RD**
CITY-ST-ZIP **JACKSONVILLE, FL 32218**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TRUSTEE** ☐ Change ☒ Addition
NAME **Bobby Bennett**
STREET ADDRESS **2661 FOREST BND**
CITY-ST-ZIP **JAX, FL 32246**

TITLE **GOV** ☒ Change ☐ Addition
NAME **BRYANT George**
STREET ADDRESS **4140 DALRY DR.**
CITY-ST-ZIP **JAX, FL 32246**

TITLE **JR PAST GOV** ☒ Change ☐ Addition
NAME **SINGLETARY Robert**
STREET ADDRESS **2616 EMILY LN**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE **PRELATE** ☐ Change ☐ Addition
NAME **WM SCOTT**
STREET ADDRESS **2752 CLARA Rd**
CITY-ST-ZIP **JAX FL 32216**

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

TITLE **JR GOV.** ☐ Change ☒ Addition
NAME **HAROLD Bechorp**
STREET ADDRESS **4334 ALPKEW CIR W.**
CITY-ST-ZIP **JAX, FL 32224**

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:

John W Brown - Admin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-08
Date

904-641-6688
Daytime Phone #