

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769610

FILED
Jan 15, 2009
Secretary of State

Entity Name: SOUTH LAKE COUNTY LODGE NO. 1615, LOYAL ORDER OF MOOSE, INC.

Current Principal Place of Business:

17335 S US 27
CLERMONT, FL 34715

New Principal Place of Business:

Current Mailing Address:

17335 US HWY 27
CLERMONT, FL 34715

New Mailing Address:

FEI Number: 59-2304360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CALVACCA, VICTOR
Address: 968 5TH STREET
City-St-Zip: CLERMONT, FL 34711

Title: VP () Delete
Name: QUINN, MICHAEL
Address: 12240 N GRASSY LAKE ROAD
City-St-Zip: CLERMONT, FL 34715

Title: T () Delete
Name: WYNKOOP, EDWARD
Address: 14102 PINE FOREST COURT
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: BLACK, JOHN
Address: 4750 EMPIRE CHURCH ROAD
City-St-Zip: GROVELAND, FL 34736

Title: D () Delete
Name: WILSON, KERRY
Address: 208 CHESTER
City-St-Zip: MINNEOLA, FL 34711

Title: D () Delete
Name: DIVEBLISS, KEVIN
Address: 17708 GLADYS STREET
City-St-Zip: MONTVERDE, FL 34756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: BLACK, JOHN
Address: 4750 EMPIRE CHURCH RD
City-St-Zip: GROVELAND, FL 34736

Title: T (X) Change () Addition
Name: BILLINGSLEY, PAUL
Address: PO BOX 121651
City-St-Zip: CLERMONT, FL 34711

Title: D (X) Change () Addition
Name: CAGGIANO, CHARLES
Address: 23209 THOMAS ALLEN RD
City-St-Zip: HOWEY HILLS, FL 34737

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WILSON, CRAIG
Address: 1110 CHATEAU CIR
City-St-Zip: MINNEOLA, FL 34715

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT ELDER

ADMI

01/15/2009

Electronic Signature of Signing Officer or Director

Date