

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90191 009 ****61.25

DOCUMENT # N00000002522

1. Entity Name

ASTOR LODGE NO. 2552, LOYAL ORDER OF MOOSE, INC.



Principal Place of Business

54750 CR 445A
ASTOR FL 32102

Mailing Address

P.O. BOX 900
ASTOR FL 32102



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

91-2029758

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, JOHN D
54750 C R 445 A
ASTOR FL 32102

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 | PD | <input checked="" type="checkbox"/> Delete |
| NAME | COMEAU, CARL L | |
| STREET ADDRESS | PO BOX 292 | |
| CITY-STATE-ZIP | ASTOR FL 32102 | |
| TITLE | VPD | <input checked="" type="checkbox"/> Delete |
| NAME | BROWN, JOHN | |
| STREET ADDRESS | 56319 MAPLE RD | |
| CITY-STATE-ZIP | ASTOR FL 32102 | |
| TITLE | SDCE | <input type="checkbox"/> Delete |
| NAME | MILLER, JOHN | |
| STREET ADDRESS | PO BOX 900 | |
| CITY-STATE-ZIP | ASTOR FL 32102 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | LONG, DOUGLAS | |
| STREET ADDRESS | PO BOX 57 | |
| CITY-STATE-ZIP | ASTOR FL 32102 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | JACK, BILL | |
| STREET ADDRESS | 55634 SAM ST | |
| CITY-STATE-ZIP | ASTOR FL 32102 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOHN BROWN | |
| STREET ADDRESS | 56319 MAPLE RD. | |
| CITY-STATE-ZIP | ASTOR FL 32102 | |
| TITLE | VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOB EVANOFF | |
| STREET ADDRESS | 55646 CARL ST | |
| CITY-STATE-ZIP | ASTOR FL 32102 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DOUGLAS WILKEY | |
| STREET ADDRESS | 1535 RED COLT CT. | |
| CITY-STATE-ZIP | ASTOR FL 32102 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PETER LAUSHWAY | |
| STREET ADDRESS | PO BOX 271 | |
| CITY-STATE-ZIP | ASTOR FL 32102 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

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 Miller JOHN MILLER

4-27-06 352-759-2123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #