

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90015 048 ****61.25

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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

1st MOORE

CR2E037 (10/07)

4. FEI Number

91-2029758

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 reappointing)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME BROWN, JOHN ☒ Delete
STREET ADDRESS 56319 MAPLE RD.
CITY-ST-ZIP ASTOR FL 32102

TITLE PD ☒ Change ☐ Addition
NAME BOB EVANOFF
STREET ADDRESS 55646 CARL ST.
CITY-ST-ZIP ASTOR FL 32102

TITLE VPD ☐ Delete
NAME EVANOFF, BOB
STREET ADDRESS 55646 CARL ST
CITY-ST-ZIP ASTOR FL 32102

TITLE VPD ☐ Change ☒ Addition
NAME DAVID J. SMITH
STREET ADDRESS 24903 HOLIOAY RD.
CITY-ST-ZIP ASTOR FL 32102

TITLE SDCE ☐ Delete
NAME MILLER, JOHN
STREET ADDRESS PO BOX 900
CITY-ST-ZIP ASTOR FL 32102

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

TITLE TD ☐ Delete
NAME WILKEY, OCIEY
STREET ADDRESS 1335 RED COLT CT
CITY-ST-ZIP ASTOR FL 32102

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

TITLE D ☐ Delete
NAME LUSHWAY, PETER
STREET ADDRESS P.O. BOX 271
CITY-ST-ZIP ASTOR FL 32102

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-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 D. Miller JOHN D. MILLER

2/26/2008

352-759-2123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #