

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002522

FILED
Apr 30, 2009
Secretary of State

Entity Name: ASTOR LODGE NO. 2552, LOYAL ORDER OF MOOSE, INC.

Current Principal Place of Business:

54750 CR 445A
ASTOR, FL 32102

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 900
ASTOR, FL 32102

New Mailing Address:

FEI Number: 91-2029758

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: PD () Delete
Name: EVANOFF, BOB
Address: 55646 CARL ST
City-St-Zip: ASTOR, FL 32102

Title: VPD () Delete
Name: EVANOFF, BOB
Address: 55646 CARL ST
City-St-Zip: ASTOR, FL 32102

Title: SDCE () Delete
Name: MILLER, JOHN
Address: PO BOX 900
City-St-Zip: ASTOR, FL 32102

Title: TD () Delete
Name: WILKEY, OCIEUEY
Address: 1335 RED COLT CT
City-St-Zip: ASTOR, FL 32102

Title: D (X) Delete
Name: LUSHWAY, PETER
Address: P.O. BOX 271
City-St-Zip: ASTOR, FL 32102

Title: VPD (X) Delete
Name: SMITH, DAVID J
Address: 24903 HOLIDAY RD
City-St-Zip: ASTOR, FL 32102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MILLER, RICHARD
Address: P.O. BOX 900
City-St-Zip: ASTOR, FL 32102

Title: VPD (X) Change () Addition
Name: RUFF, JIMMY
Address: P.O. BOX 900
City-St-Zip: ASTOR, FL 32102

Title: SEC (X) Change () Addition
Name: VANCE, BOB
Address: PO BOX 900
City-St-Zip: ASTOR, FL 32102

Title: TD (X) Change () Addition
Name: LONG, DOUG
Address: PO BOX 900
City-St-Zip: ASTOR, FL 32102

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

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

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: RICHARD MILLER

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date