

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002522

FILED
Apr 28, 2011
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:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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
Name: DUANE, HORNSBY
Address: P.O. BOX 900
City-St-Zip: ASTOR, FL 32102

Title: VPD
Name: COMEAU, CARL
Address: PO BOX 292
City-St-Zip: ASTOR, FL 32102

Title: SEC
Name: DEMAY, CHARLES
Address: 30 LAUREL RIDGE BREAK
City-St-Zip: ORMOND BEACH, FL 32174

Title: TD
Name: COULTER, BOB
Address: 25636 BASS RD
City-St-Zip: ASTOR, FL 32102

Title: TRST
Name: JOHNSON, CAREY
Address: PO BOX 58
City-St-Zip: ASTOR, FL 32102 LK

Title: TRST
Name: JERRY, SCHLOTT
Address: 56317 HICKORY RD
City-St-Zip: ASTOR, FL 32102 LK

I hereby 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 all other like empowered.

SIGNATURE: JACQUELINE MURPHY

AD A

04/28/2011

Electronic Signature of Signing Officer or Director

_____ Date