

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2006 8:00 am
Secretary of State

07-26-2006 90001 003 ****61.25

DOCUMENT # N00000002693					
1. Entity Name GULF COVE LODGE NO.2554, LOYAL ORDER OF MOOSE, INC.					
Principal Place of Business 4212 N. ACCESS RD. UNITX C & D ENGLEWOOD, FL 34223			Mailing Address P O BOX 281 ENGLEWOOD, FL 34295-0281		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 91-2029762	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 SPISAK, DANIEL	<input checked="" type="checkbox"/> Delete	TITLE PR	NAME BRENNEMAN, PAUL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9182 SNAPPER CIRCLE	CITY-ST-ZIP PORT CHARLOTTE, FL 33981		STREET ADDRESS 9182 SNAPPER CIRCLE	CITY-ST-ZIP PORT CHARLOTTE FL 33981	
TITLE VP	NAME ROUBIDOUK, TOBY	<input checked="" type="checkbox"/> Delete	TITLE VP	NAME STEINBAUGH, MARC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6494 ROSEWOOD DR.	CITY-ST-ZIP ENGLEWOOD, FL 34224		STREET ADDRESS 7039 PLACIDA RD	CITY-ST-ZIP GROVE CITY FL 34224	
TITLE S	NAME COOPER, DONALD R	<input checked="" type="checkbox"/> Delete	TITLE S	NAME Rupp, Frank	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9380 EL CAMPO AVE	CITY-ST-ZIP ENGLEWOOD, FL 34224		STREET ADDRESS 6951 SPINNAKER BLVD	CITY-ST-ZIP ENGLEWOOD FL 34224	
TITLE T	NAME MECHEMER, WALTER L	<input checked="" type="checkbox"/> Delete	TITLE T	NAME SWALLOW, Cecil	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1170 DELMAE STREET	CITY-ST-ZIP ENGLEWOOD, FL 34224		STREET ADDRESS 14522 WATCHOW RD	CITY-ST-ZIP PORT CHARLOTTE FL 33953	
TITLE JRP	NAME SPISAK, DANIEL	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1433 MIMS COURT	CITY-ST-ZIP NORTH PORT, FL 34288		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE PRE	NAME CHURCH, CHARLES	<input checked="" type="checkbox"/> Delete	TITLE PRE	NAME DALEY Jim	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9385 NEW MARTINSVILLE AVE.	CITY-ST-ZIP ENGLEWOOD, FL 34223		STREET ADDRESS 3850 Bravo Rd	CITY-ST-ZIP PORT CHARLOTTE 33953	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Frank Rupp			FRANK RUPP		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7-22-06		
<small>Date</small>			<small>Daytime Phone #</small>		