



**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N00000002693</b> 1. Entity Name GULF COVE LODGE NO.2554, LOYAL ORDER OF MOOSE, INC.	
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Principal Place of Business 4212 N. ACCESS RD. UNITX C & D ENGLEWOOD, FL 34223	Mailing Address P O BOX 281 ENGLEWOOD, FL 34295-0281
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**DO NOT WRITE IN THIS SPACE**



02082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 91-2029762	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P MCHEMEN, WALTER L 1170 DELMAE ST. ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V GRIMM, WILLIS G 4265 WOOD DUCK RD PORT CHARLOTTE, FL 33953
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S RUPP, FRANK 6951 SPINNAKER BLVD. ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T MORRIS, ROBERT A 1137 BROWN ST. ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BRENEMAN, PAUL 9182 SNAPPER CIRCLE PORT CHARLOTTE, FL 33986
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D HASKETT, ARTHUR 12370 KNEE LAND TERRACE PORT CHARLOTTE, FL 33981

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03/17/08-80001-011 70.00

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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** 2-28-08 941-473-9446  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #