

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001353

FILED  
Apr 15, 2009  
Secretary of State

**Entity Name:** PALATKA LODGE NO. 184, LOYAL ORDER OF MOOSE, INC.

**Current Principal Place of Business:**

3875 REID ST  
PALATKA, FL 32177

**New Principal Place of Business:**

**Current Mailing Address:**

3875 REID ST  
PALATKA, FL 32177

**New Mailing Address:**

**FEI Number:** 59-2760808

**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: DS ( ) Delete  
Name: JOHNSON, HENRY B  
Address: 264 E PENIEL RD  
City-St-Zip: PALATKA, FL 32177

Title: DV ( ) Delete  
Name: JOHNSON, RICHARD  
Address: 239 E BUFFALO BLUFF  
City-St-Zip: SATSOMA, FL 32189

Title: T ( ) Delete  
Name: MCCANN, KENNETH  
Address: 123 JOENIGAN ST  
City-St-Zip: INTERLOCHAN, FL 32148

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: GOV (X) Change ( ) Addition  
Name: CUNDIFF, LARRY  
Address: 818 WEST RIVER RD  
City-St-Zip: PALATKA, FL 32177

Title: T (X) Change ( ) Addition  
Name: MCCANN, KENNETH  
Address: 123 JERNIGAN ST  
City-St-Zip: INTERLACHEN, FL 32148

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: JOHN M JOHNSON II

ADM

04/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date