

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90203 022 ****61.25

DOCUMENT # N01000003808

1. Entity Name

**AZALEA PARK LODGE NO. 2591, LOYAL ORDER OF
MOOSE, INC.**



Principal Place of Business

**7221 CURRY FORD ROAD
ORLANDO FL 32822**

Mailing Address

**7221 CURRY FORD ROAD
ORLANDO FL 32822**

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

91-2112924

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **MD/S** ☐ Delete
NAME **SCHLIEKMANN, FRED A**
STREET ADDRESS **7105 LAKE UNDERHILL ROAD**
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **P** ☒ Delete
NAME **CAMPBELL, EDWARD A**
STREET ADDRESS **8117 ELSEE DR.**
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **T** ☒ Delete
NAME **GORRELL, RONALD**
STREET ADDRESS **6590 HOFFNER AVE.**
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **D** ☒ Delete
NAME **DUBE, DAVID A**
STREET ADDRESS **7322 LUAU DRIVE**
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **D** ☒ Delete
NAME **EUBANKS, BILL**
STREET ADDRESS **J31 HARRELL DR.**
CITY-ST-ZIP **ORLANDO FL 32828**

TITLE **V** ☒ Delete
NAME **CAMPBELL, EDWARD L**
STREET ADDRESS **8117 ELSEE DR.**
CITY-ST-ZIP **ORLANDO FL 32822**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **MD/S** ☐ Change ☐ Addition
NAME **Schliekmann Fred A**
STREET ADDRESS **7105 Lake Underhill Rd**
CITY-ST-ZIP **Orlando, FL. 32822**

TITLE **P** ☐ Change ☐ Addition
NAME **Eubanks Bill**
STREET ADDRESS **131 Harrell Drive**
CITY-ST-ZIP **Orlando, FL. 32828**

TITLE **T** ☐ Change ☐ Addition
NAME **Carl Talmadge**
STREET ADDRESS **8125 Charlin Parkway**
CITY-ST-ZIP **Orlando, FL. 32822**

TITLE **V** ☐ Change ☐ Addition
NAME **David A Dube**
STREET ADDRESS **7322 Luau Drive**
CITY-ST-ZIP **Orlando, FL. 32822**

TITLE **D** ☐ Change ☐ Addition
NAME **Ernest Johnson**
STREET ADDRESS **7417 Kalani Street**
CITY-ST-ZIP **Orlando, FL. 32822**

TITLE **D** ☐ Change ☐ Addition
NAME **John Jones III**
STREET ADDRESS **8014 Port Said Stree**
CITY-ST-ZIP **Orlando, FL. 32817**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

F.A. SCHLIEKMANN

4/26/04 407/207-4514