2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 16, 2005 8:00 am Secretary of State

	MENT # N010000038	08	200	Secretary of State
1. Entity Name AZALEA F MOOSE, II	PARK LØDGE NO. 2591, LO	DYAL ORDER OF		02-16-2005 90041 014 ****70.00
Principal Place	e of Business	Mailing Address		
7221 CURRY ORLANDO F	FORD ROAD L 32822	7221 CURRY FORD RO ORLANDO FL 32822	AD	JAArara.
2 Principal Di	lace of Business	2 Adeiline Anderson		
Z. Principal Pi	N/A	3. Mailing Address		
Suite, Apt. 4	#, etc.	Suite, Apt. #, etc.		1st MOORE CR2E037 (10/04)
City & State		City & State		4. FEI Number Applied For
Zip ,	Country	Zip.	Country	91-2112924 Not Applicable
		Zip		5. Certificate of Status Desired \$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		Name -	NA
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			Street Addres	ss (P.O. Box Number is Not Acceptable)
PLÁ	NTATION FL 33324			
			City	FL Zip Sode
	named entity submits this statement for	or the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept
·	A. /-		·	
SIGNATURE _	Signature, typed or printed name of registered agent	and little if applicable (NOTE	: Registered Agent signature requ	ured when reinstating) DATE
posessin F	FILE NOW: FEE IS \$61.25	9. Election Cam	npaign Financing	\$5.00 May Be Make Check Payable to
	Due By May 1, 2005	Trust Fund C	ontribution.	Added to Fees Florida Department of State
10.	OFFICERS AND DI	RECTORS	ontribution. 11.	Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE	OFFICERS AND DI		ontribution.	Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Addition
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2. 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 securate 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

WAYNE WAYNE WAYNE OFFICER OR DIRECTOR

Kewal

2/09/05 (407) 857-3091