

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90438 012 ****70.00

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**

40060960



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032006

Chg-NP

CR2E037 (11/05)

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE MDS ☒ Delete
NAME KOWAL, WAYNE
STREET ADDRESS 2103 BLOSSOM TERRACE
CITY-ST-ZIP ORLANDO, FL 32839

TITLE MDS ☒ Change ☐ Addition
NAME EDWARD CAMPBELL
STREET ADDRESS 5117 ELSEE DRIVE
CITY-ST-ZIP ORLANDO, FL 32812

TITLE P ☒ Delete
NAME EUBANKS, BILL
STREET ADDRESS 131 HARRELL DRIVE
CITY-ST-ZIP ORLANDO, FL 32828

TITLE P ☒ Change ☐ Addition
NAME G. FRED MCCUTCHEN
STREET ADDRESS 2815 HARGILL DRIVE
CITY-ST-ZIP ORLANDO, FL 32806

TITLE T ☐ Delete
NAME TALMADGE, CARL
STREET ADDRESS 8125 CHARLIN PARKWAY
CITY-ST-ZIP ORLANDO, FL 32822

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME NAUMANN, JOHN A
STREET ADDRESS 516 ADIRONACK AVE
CITY-ST-ZIP ORLANDO, FL 32807

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME JOHNSON, ERNEST
STREET ADDRESS 7417 KALANI STREET
CITY-ST-ZIP ORLANDO, FL 32822

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME KUCIEJCIK, JAMES S
STREET ADDRESS 3844 KING SAGE CT
CITY-ST-ZIP OVIEDO, FL 32765

TITLE D ☒ Change ☐ Addition
NAME WILLIAM MCCAWLEY
STREET ADDRESS 18754 BELVEDARE ROAD
CITY-ST-ZIP ORLANDO, FL 32820

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: *Edward Campbell* **EDWARD CAMPBELL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-06

Date

407-207-2330

Telephone/Fax/Email