## 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.



,					II.			
7221 CURRY FORD ROAD		7221	g Address CURRY FORD ROAD INDO, FL 32822		400	Ellapa		•
2. Principal Pl	lace of Business	3. Mail	ling Address	<del></del>				
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			01032006	Chg-NP	CR2E037 (11/05)	
City & State		City & State		4. FEI Numbe 91-211		[—— <del>[</del> ———	plied For Applicable	
Zip	Country	Ziş	)	Country	5. Certificate	of Status Desired	\$8.75 Addi	
	6. Name and Address of Current	t Registere	d Agent		7. Name and	Address of New I	Registered Agent	
CICORP	ORATION SYSTEM			Name				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Street Address (P.O. Box Number is Not Acceptable)					
				City			FL Zip Code	
	named entity submits this statement lions of registered agent.	or the purp	ose of changing its re	gistered office o	r registered agent, or bo	th, in the State of F	lorida I am familiar with,	and accept
SIGNATURE .	Stgnature, typed or printed name of registered age	nt and title if app	plicable. (NOTE: R	legistered Agent signal	ure required when reinstating)		DATE:	
Filing Fee is \$61.25  Due by May 1, 2006  9. Election Campaign Trust Fund Contrib			· · · · · · · · · · · · · · · · · · ·	<del></del>				
			-		\$5.00 May E Added to Fees	, i	Make check payable to rida Department of St	
10.		IRECTORS	Trust Fund Cor		Added to Fees	Fia		ate
10. TYLE NAME	Due by May 1, 2006	IRECTORS	Trust Fund Cor	ntribution.	Added to Fees  ADDITIONS/CH  M 05  EDWARD CAM	Flo	rida Department of St	ate
TITLE NAME STREET ADDRESS	OFFICERS AND O  MDS  KOWAL, WAYNE 2103 BLOSSOM TERRACE	IRECTORS	Trust Fund Cor	11. THE NAME STREET ADDRESS	Added to Fees  ADDITIONS/CH  M 05  EDWARD CAM  S117 ELSEE A	Fig LANGES TO OFFICE MPBell DRIVE	rida Department of St ERS AND DIRECTORS IN	ate 10
TIYLE NAME STREET ADDRESS CITY-SI-ZIP	OFFICERS AND D  OFFICERS AND D  MDS  KOWAL, WAYNE  2103 BLOSSOM TERRACE  ORLANDO, FL 32839	IRECTORS	Trust Fund Cor	11. TITLE NAME SIREET ADDRESS CITY-SI-ZIP	Added to Fees  ADDITIONS/CH  M 05  EDWARD CAM	Fig LANGES TO OFFICE MPBell DRIVE	rida Department of St ERS AND DIRECTORS IN \$20 Change	ate  10  Addition
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12. I hereby certify that the information supplied with this filling 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	4-21-06	407-207-2330
	SIGNATURE AND TYPED OR PRINTED NAME	E OF SIGNING OFFICER OR DIRECTOR	, Date	Destina Phone #