2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000003808 1. Entity Name AZALEA PARK LODGE NO. 2591, LOYAL ORDER OF

FILED Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90374 027 ****61.25

PROCESS TO REAL FLAT STATES AND PLANS ASSETS AND PLANS ASSETS AND DIRECTORS IN 10 TALLAMASSEE, FL. 82001-2525 A. The above named entity submits this statement for the purpose of changing its englishered agent, or both, in the State of Florida. I am terribles with, and socrept terribles by May 1, 2008 A. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am terribles with, and socrept terribles by May 1, 2008 A. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am terribles with, and socrept terribles by May 1, 2008 A. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am terribles with, and socrept terribles by May 1, 2008 A. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am terribles with, and socrept terribles by May 1, 2008 A. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am terribles with, and socrept terribles by May 1, 2008 A. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am terribles with, and socrept terribles college for a registered agent, or both, in the State of Florida. I am terribles with, and socrept terribles college for a registered agent or both, in the State of Florida. I am terribles with, and socrept terribles by May 1, 2008 A. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Department of State Filling Florida Department of state Byth A. The Action Carrollage for a registered agent, or both, in the State of Florida Department of State Due by May 1, 2008 A. The Action Carrollage for a registered agent or bot	MOOSE,	INC.						
Suite, Apt. 4. etc. Suite, Apt. 4. etc. Suite Chy & State Chy & State Chy & State A. FEI Number Applied for St. 2112924 Replied for St. 2112924 Rep	7221 CURRY FORD ROAD 72		7221 CURRY FORD ROAD)	- -			
Suite, Apt. 4. etc. Suite, Apt. 4. etc. Suite	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	· · · · · · · · · · · · · · · · · · ·				
City & State Country Country City & State		TOO OF BOOK 1000 TO F.C. BOX II	3. Maning Address		I IODANIALON BERNI KAN DAM REMI EBIN EBIN BUN BUND MARKANI BUND HENDE HENDE			
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S. Certificate of Status Desired Five Required S. Certificate of Status Desired Five Required Five Req	City & State		City & State		04 0440004			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida Department of State of Florida Depart	Zip	Country	Zip	Country				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City FL Zip Code		6. Name and Address of Current	t Registered Agent		7. Name and Address of New Registered Agent			
Street Address (P.O. Box Number is Not Acceptable)	CORPORA	ATION SERVICE COMPANY		Name -				
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, types or printed name of registered agent and title if accidate. (NOTE Registered Agent algorithm requires when remitating) DATE	1201 HAYS STREET			Street Address	(P.O. Box Number is Not Acceptable)			
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, types or printed name of registered agent and title if accidate. (NOTE Registered Agent algorithm requires when remitating) DATE				City	Zin Code			
SIGNATURE Signature Signa					ri '			
Filing Fee is \$61.25 Due by May 1, 2008 Piling Fee is \$61.25 Due by May 1, 20	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.							
Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITTLE MDS	SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE; F	Registered Agent signature require	ed when renstating) DATE			
Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE MDS	<u></u>	Filing Fee is \$61.25	9. Election Camp	paign Financing	\$5.00 Nov. Co. Make check payable to			
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12. Thereby 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		L	h this filing does not qualify for t	<u> </u>				

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 Parabell Edward CAMPBELL	4-20-08	407-207-2330
SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytme Phone #