2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2009
Secretary of State

DOCUMENT# N01000003808

Entity Name: AZALEA PARK LODGE NO. 2591, LOYAL ORDER OF MOOSE, INC.

Current Principal Place of Business:

7221 CURRY FORD ROAD
ORLANDO, FL 32822

New Principal Place of Business:

Current Mailing Address:

7221 CURRY FORD ROAD
ORLANDO, FL 32822

New Mailing Address:

FEI Number: 91-2112924 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: MDS ( ) Delete
Name: CAMPBELL, EDWARD
Address: 2888 CANYON DR
City-St-Zip: ORLANDO, FL 32822

Title: P ( ) Delete
Name: SAXOUR, LARRY
Address: 4201 ANTHONY LN.
City-St-Zip: ORLANDO, FL 32822

Title: T ( ) Delete
Name: CUNNINGHAM, ALVIN
Address: 1019 PONCE AVE.
City-St-Zip: ORLANDO, FL 32822

Title: V ( ) Delete
Name: EUBANKS, BILL
Address: 531 HARRELL DR.
City-St-Zip: ORLANDO, FL 32828

Title: D ( ) Delete
Name: MORGAN, SCOTT
Address: 7474 RANCHERO ST.
City-St-Zip: ORLANDO, FL 32822

Title: D ( ) Delete
Name: HOWARD, WILLIAM
Address: 2828 HOLSTER WAY
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: WESTFALL, ROBERT
Address: 5565 LA COSTA DRIVE
City-St-Zip: ORLANDO, FL 32807

Title: V (X) Change ( ) Addition
Name: ARBAUGH, STEVE
Address: 5619 JEAN DRIVE
City-St-Zip: ORLANDO, FL 32822

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD CAMPBELL MDS 04/11/2009

Electronic Signature of Signing Officer or Director — Date