


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # N01000007370 1. Entity Name NORTH HILLSBORO LODGE NO. 1741, LOYAL ORDER OF MOOSE, INC.	
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Principal Place of Business 8908 LAKE SUNSET DRIVE TAMPA, FL 33625	Mailing Address 8908 LAKE SUNSET DRIVE TAMPA, FL 33625
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04252006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-1583367	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WRIGHT, WILLIAM P 9140 MCMILLIAN LANE TAMPA, FL 33625

**DO NOT WRITE
IN THIS SPACE**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GOV WRIGHT, WILLIAM P 9140 MCMILLIAN LANE TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES OWENS, DOUG 8905 ELM COURT TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS WARD, FRANK 8835 POE DRIVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000538188
05/09/06-80046-020 61.25

**DO NOT WRITE
IN THIS SPACE**

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: William P. Wright 601

4-25-06 813-920-3357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #