

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007 8:00 am
Secretary of State

07-05-2007 90060 015 ****61.25

DOCUMENT # N01000007370

1. Entity Name
**NORTH HILLSBORO LODGE NO. 1741, LOYAL ORDER
OF MOOSE, INC.**



Principal Place of Business
**8908 LAKE SUNSET DRIVE
TAMPA, FL 33625**

Mailing Address
**8908 LAKE SUNSET DRIVE
TAMPA, FL 33625**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07032007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1583367

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**WRIGHT, WILLIAM P
9140 MCMILLIAN LANE
TAMPA, FL 33625**

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 September 14, 2007**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**GOV
WRIGHT, WILLIAM P
9140 MCMILLIAN LANE
TAMPA, FL 33625** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Administrator
WRIGHT, WILLIAM
9140 MCMILLIAN LN.
TAMPA FL 33625** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TRES
OWENS, DOUG
8905 ELM COURT
TAMPA, FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TRES.
Roger Sonnevile
15 Saint Pauli Ast.
Homosassa, FL 34446** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TRUS
WARD, FRANK
8835 POE DRIVE
TAMPA, FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JR. GOV.
Frank Ward
8835 Poe Dr.
Tampa FL 33615** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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* **WILLIAM P. WRIGHT 7-3-07 813-920-3357**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #