2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N01000007370

NORTH HILLSBORO LODGE NO. 1741, LOYAL ORDER OF MOOSE, INC.



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

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

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Principal Plac 8908 LAKE S TAMPA, FL 3	Sunset Driv		Mailing Address 8908 LAKE SUNSET DE TAMPA, FL 33625	8908 LAKE SUNSET DRIVE		! (88 ())81 8 1) 88)	a l 17 4 14 a unil au 112 a uni ae	HAL Be ril A bbur 1744 (20 17)	1311 101 04 (001
2. Principal Place of Business - No P.O. Box #			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			07032007	Chg-NP (CR2E037 (12/06)	ı
City & State			City & State		4. FEI Number 59-15833	67	 	Applied For	
Zip Country		Zip	Zip Country		5. Certificate of S	Status Desired	□ \$8.75 A	dditional	
6. Name and Address of Current Registe			Registered Agent			7. Name and Ad	dress of New Regi	stered Agent	
WRIGHT,	WILLIAM	P			Name				
9140 MCMILLIAN LANE TAMPA, FL 33625				Street Address		ess (P.O. Box Number is	Not Acceptable)		
				-	City			FL Zip Co	de
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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									
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Filing Fee is \$61.25 Due by September 14, 2007 9. Election Campaign F Trust Fund Contribut					~ —	\$5.00 May Be	1	e check payable	
		7. CONT. DOT 1-1, 2007	Trust and C	ZOTILIDULIO	, <u> </u>	Added to Fees	Florida	Department of	Jiale
10.		OFFICERS AND DI					<u> </u>		
	GOV		RECTORS	11.		ADDITIONS/CHANG	GES TO OFFICERS A	AND DIRECTORS	N 10
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TITLE	GOV WRIGHT, 9140 MCN	OFFICERS AND DI WILLIAM P MILLIAN LANE	RECTORS	11. TITLE NAME STREET	T ADDRESS C	ADDITIONS/CHANG Administro WRICHT, WIL 9140 Mcm	GES TO OFFICERS.	AND DIRECTORS (N 10
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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. W. W. L. I. D. M. I. L. I. D. I. D.

WILLIAM P. WRIGHT 7-3-07 513-920-3357