

**2008 ~~NOT~~-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

**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**



01152008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1583367**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**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, 2008**

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  
**A  
WRIENT, WILLIAM  
9140 MCMILLIAN LANE  
TAMPA, FL 33625**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TRES  
SONNEVILLE, ROGER  
15 SAINT PAUL ST  
HOMOSASSA, FL 34446**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**JRGV  
WARD, FRANK  
8835 POE DRIVE  
TAMPA, FL 33615**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000830814  
02/26/08-80101-021 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-08

813-920-3357

Date

Daytime Phone #