

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007370

FILED  
Apr 29, 2009  
Secretary of State

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

**Current Principal Place of Business:**

8908 LAKE SUNSET DRIVE  
TAMPA, FL 33625

**New Principal Place of Business:**

**Current Mailing Address:**

8908 LAKE SUNSET DRIVE  
TAMPA, FL 33625

**New Mailing Address:**

**FEI Number:** 59-1583367

**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: A ( ) Delete  
Name: WRIENT, WILLIAM  
Address: 9140 MCMILLIAN LANE  
City-St-Zip: TAMPA, FL 33625

Title: TRES ( ) Delete  
Name: SONNEVILLE, ROGER  
Address: 15 SAINT PAUL ST  
City-St-Zip: HOMOSASSA, FL 34446

Title: JRGV ( ) Delete  
Name: WARD, FRANK  
Address: 8835 POE DRIVE  
City-St-Zip: TAMPA, FL 33615

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: A (X) Change ( ) Addition  
Name: WRIGHT, WILLIAM  
Address: 9140 MCMILLIAN LANE  
City-St-Zip: TAMPA, FL 33625

Title: TRES (X) Change ( ) Addition  
Name: WORLOW, MARK  
Address: 9719 POPULAR ST  
City-St-Zip: TAMPA, FL 33635

Title: JRGV (X) Change ( ) Addition  
Name: RALYEA, RON  
Address: 3317 BENNETT ACRES PL  
City-St-Zip: DOVER, FL 33527

Title: GOV ( ) Change (X) Addition  
Name: BESHEARS, DANNY  
Address: 8431 LOPEZ DR  
City-St-Zip: TAMPA, FL 3615

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: WILLIAM P WRIGHT

ADM

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date