


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90080 019 ****61.25

DOCUMENT # N01200 1. Entity Name NORTH PORT LODGE NO. 764, LOYAL ORDER OF MOOSE, INC.					
Principal Place of Business LOYAL ORDER OF MOOSE LODGE #764 14156 TAMIAHI TRAIL NORTH PORT, FL 34287-2209				Mailing Address 14156 TAMIAHI TRAIL NORTH PORT, FL 34287	
2. Principal Place of Business 14156 Tamiami Trail Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.			
City & State North Port, FL		City & State Same		4. FEI Number 59-2363059	
Zip 34287-2209		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	SD CLEAN, VIRGIL 6208 PANAMERICA BLVD NORTH PORT, FL 34287		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CORBIN, ROY 3794 N. BISCAYNE NORTH PORT, FL 34286		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Larry Brown 4324 Persian Ln. North Port, FL 34287	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HART, CHIP 5621 GARRISON AVE NORTH PORT, FL 34287		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEDRICK, PAUL 528 BERTHOUND ST. PORT CHARLOTTE, FL 33953		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWIFT, MIKE 17101 RALEIGH AVE PORT CHARLOTTE, FL 33953		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bill Malott P.O. Box 7845 North Port, FL 34287	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Virgil Clegg</i> 08/10/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Virgil Clegg 941-426-2126 <small>Date Daytime Phone #</small>		