2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-15-2004 90023 012 ****61.25

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DOCUMENT # N02000002824

1. Entity Name

APALACHEE LODGE NO. 2603, LOYAL ORDER OF MOOSE, INC.

DD41743U

Principal Place of Business	Mailing Address
P.O. BOX 1156 CARRABELLE FL 32322	P.O. BOX 1156 CARRABELLE FL 32322

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 75-2984399 ~~APPLIED FOR~~ ☐ Applied For ☐ Not Applicable

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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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			TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REED, MICHAEL J 1724 CARABELLE BCH DR. CARRABELLE FL 32322	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition David Norton
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROWN, JOE 83 HIGHWAY 98 EASTPOINT FL 32328	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition Jim Welsh
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NICHOLSON, ROBERT SR P. O. BOX 991 CARRABELLE FL 32322	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition Robert Nicholson
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUMBLE, JOHN 1529 MAXINE RD. CARRABELLE FL 32322	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition Vacant
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASSEY, TOMMY 301 BAYWOOD DR. CARRABELLE FL 32322	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition Chuck Feister
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLOTIN, MICHAEL P. O. BOX 1363 LANMARK VILLAGE FL 32323	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition A. P. Whaley

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: Robert Nicholson 4/13/04 697-2429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #