

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90227 028 ****61.25

DOCUMENT # N02000002824

1. Entity Name

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



Principal Place of Business

Mailing Address

P.O. BOX 1156
CARRABELLE FL 32322

P.O. BOX 1156
CARRABELLE FL 32322

20043473



1st MOORE CR2E037 (10/04)

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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 P ☒ Delete
NAME REED, MICHAEL J
STREET ADDRESS 1724 CARABELLE BCH DR.
CITY-ST-ZIP CARRABELLE FL 32322

TITLE ☐ Change ☒ Addition
NAME *David Norton*
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Delete
NAME BROWN, JOE
STREET ADDRESS 83 HIGHWAY 98
CITY-ST-ZIP EASTPOINT FL 32328

TITLE ☐ Change ☒ Addition
NAME *Jim Welsh*
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME NICHOLSON, ROBERT SR
STREET ADDRESS P.O. BOX 2244
CITY-ST-ZIP *CARRABELLE FL 32322* *Quincy FL 32353*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME HUMBLE, JOHN
STREET ADDRESS 1529 MAXINE RD.
CITY-ST-ZIP CARRABELLE FL 32322

TITLE ☐ Change ☒ Addition
NAME *H.P. Whaley*
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME MASSEY, TOMMY
STREET ADDRESS 301 BAYWOOD DR.
CITY-ST-ZIP CARRABELLE FL 32322

TITLE ☐ Change ☒ Addition
NAME *Chuck*
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME SLOTIN, MICHAEL
STREET ADDRESS P. O. BOX 1363
CITY-ST-ZIP LANMARK VILLAGE FL 32323

TITLE ☐ Change ☒ Addition
NAME *WILLIAMS*
STREET ADDRESS
CITY-ST-ZIP

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 Michael
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/05
Date

Daytime Phone #