## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02073

FILED Jan 11, 2007 Secretary of State

Entity Name: PINE ISLAND LODGE NO. 1954, LOYAL ORDER OF MOOSE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 8903 STRINGFELLOW ROAD ST. JAMES CITY, FL 33956 US **Current Mailing Address: New Mailing Address:** P O BOX 751 8903 STRINGFELLOW ROAD ST JAMES CITY, FL 33956 US ST JAMES CITY, FL 33956 US FEI Number: 59-2401938 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete JONES, LARRY Name: Name: 5736 SPRINGFIELD AVE Address: Address: City-St-Zip: BOKEELIA, FL 33922 City-St-Zip: Title: VD () Delete Title: VD (X) Change ( ) Addition Name: BURTON, RICHARD D Name: DAVIS, THOMAS Address: 2921 BINNACLE LANE Address: 7648 HELEN ROAD City-St-Zip: ST JAMES CITY, . 33956 City-St-Zip: BOKEELIA, FL 33922 Title: () Delete Title: () Change () Addition ESLINGER, RAY Name: Name: Address: 3531 SEA HOLLY Address: City-St-Zip: SAINT JAMES CITY, FL 33956 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: VOIGT, MICHAEL C Name: Address: 5831 EASTLING RD. Address: City-St-Zip: BOKEELIA, FL 33922 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS DAVIS VD 01/11/2007