

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90087 038 ****70.00

DOCUMENT # N02073

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



Principal Place of Business
**8903 STRINGFELLOW ROAD
ST. JAMES CITY, FL 33956 US**

Mailing Address
**8903 STRINGFELLOW ROAD
ST JAMES CITY, FL 33956 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2401938

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JONES, LARRY	
STREET ADDRESS	5736 SPRINGFIELD AVE	
CITY-ST-ZIP	BOKEELIA, FL 33922	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DAVIS, THOMAS	
STREET ADDRESS	7648 HELEN ROAD	
CITY-ST-ZIP	BOKEELIA, FL 33922	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ESLINGER, RAY	
STREET ADDRESS	3531 SEA HOLLY	
CITY-ST-ZIP	SAINT JAMES CITY, FL 33956	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VOIGT, MICHAEL C	
STREET ADDRESS	5831 EASTLING RD.	
CITY-ST-ZIP	BOKEELIA, FL 33922	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D. ROSCOE KELLER, JR	
STREET ADDRESS	15035 5th STREET	
CITY-ST-ZIP	BOKEELIA, FL 33922	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD MITCHELL	
STREET ADDRESS	5162 CURLEW DR	
CITY-ST-ZIP	ST. JAMES CITY, FL. 33956	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Thomas R. Davis **Thomas R. DAVIS** 1-10-08 239.282-0438

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #