

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90024 001 ****61.25

DOCUMENT # N04102

1. Entity Name

SPRING HILL LODGE NO. 521, LOYAL ORDER OF
MOOSE, INC.



Principal Place of Business

5214 MARINER BLVD.
SPRING HILL FL 34609

Mailing Address

5214 MARINER BLVD.
SPRING HILL FL 34609



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2425709

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)

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, 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: DG
NAME: REYNOLDS, RICHARD A
STREET ADDRESS: 9425 VANCOVER ROAD
CITY-ST-ZIP: SPRING HILL FL 34608 ☒ Delete

TITLE: LBNM
NAME: VIERNES, PETER J
STREET ADDRESS: 3435 CHARM WOOD AVE
CITY-ST-ZIP: SPRING HILL FL 34609 ☒ Delete

TITLE: P
NAME: CASICO, JOSEPH
STREET ADDRESS: 12255 P. KINCH
CITY-ST-ZIP: WEEKIWACHEE FL 34614 ☒ Delete

TITLE: DT
NAME: GUTSCHMIDT, CHARLES E
STREET ADDRESS: 4182 SILVER FOX DRIVE
CITY-ST-ZIP: SPRING HILL FL 34609 ☒ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: DG
NAME: BACKER, JOHN
STREET ADDRESS: 3324 CEDARLEAF LOOP
CITY-ST-ZIP: SPRING HILL, FL 34609 ☐ Change ☒ Addition

TITLE: T
NAME: ROBERT R. RISTE
STREET ADDRESS: 5534 MALIBU BLVD.
CITY-ST-ZIP: SPRING HILL, FL 34609 ☐ Change ☒ Addition

TITLE: M
NAME: HILLIAMS, ROBERT
STREET ADDRESS: 4100 BARTLETT LANE
CITY-ST-ZIP: SPRING HILL, FL 34609 ☐ Change ☒ Addition

TITLE: O
NAME: BUZZELLI, FRANK
STREET ADDRESS: 5099 LAWSON ST.
CITY-ST-ZIP: SPRING HILL, FL 34608 ☐ Change ☒ Addition

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Robert Hilliams* ROBERT HILLIAMS Y.Y.O.P 3/26/06