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

FILED
Jun 11, 2008 8:00 am
Secretary of State
05-09-2008 90008 020 ****61.25

DOCUMENT # N07000007049

1. Entity Name

ST. JOHN'S RIVER MOOSE LEGION NO. 227, INCORPORATED

66013000

Principal Place of Business	Mailing Address
96 DIRKSEN DR DEBARY FL 32713	96 DIRKSEN DR DEBARY FL 32713

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	P O Box 531023
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: DeBary, FL 32753
Zip / Country	Zip: 32753 / Country: USA

4. FEI Number: 20-8926769 ☐ 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 changing)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HOLLADAY, JOHN 96 DIRKSEN DR DEBARY FL 32713	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D William Mulligan 160 Packwood Dr Edgewater, FL 32141	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP KIMBERLY, NEIL D 96 DIRKSEN DR DEBARY FL 32713	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D David Wheeler 24 Hibiscus Drive DeBary, FL 32713	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BRADSHAW, KEITH 96 DIRKSEN DR DEBARY FL 32713	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Thomas Dale 2449 Sanford Avenue Sanford, FL 32771	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT LIETUWNIKAS, SR., K A 96 DIRKSEN DR DEBARY FL 32713	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHATON, DAVID A 96 DIRKSEN DR DEBARY FL 32713	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YOUNG, CHARLES H 96 DIRKSEN DR DEBARY FL 32713	☒ Delete	TITLE / NAME / STREET ADDRESS / 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: Keith Bradshaw Sec. Keith Bradshaw, Sec. 4/15/08 321-262-9608

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #