


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90016 014 ****61.25

DOCUMENT # N21145	
1. Entity Name DUNNELLO LODGE NO. 2308, LOYAL ORDER OF MOOSE, INC.	

Principal Place of Business 11890 N. FLORIDA AVE. DUNNELLO, FL 34430	Mailing Address P.O. BOX 1886 DUNNELLO, FL 34434
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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



01142008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	

7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P CSASZAR, FRED 2615 E. MERCURY INVERNESS, FL 34450	
S WILSON, JIM P.O. BOX 2075 DUNNELLO, FL 34430	<input checked="" type="checkbox"/> Delete
V TEBBETTS, MIKE 12951 SE PLACE DUNNELLO, FL 34430	<input checked="" type="checkbox"/> Delete
D MACCOWEN, ROBERT 20451 POWELL RD #40 DUNNELLO, FL 34430	<input checked="" type="checkbox"/> Delete
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S MACCOWAN, ROBERT 20451 POWELL RD #40 DUNNELLO, FL 34430	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V HORESKY, PAUL 8394 N. UPLAND DR CITRUS SPRINGS, FL 34434	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D MORGAN, THOMAS 19814 SW. 85th LOOP DUNNELLO, FL 34432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: S. ROBERT MACCOWAN *[Signature]* 1/14/08 352-489-0276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #