

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90004 028 \*\*\*\*61.25

<b>DOCUMENT # N29398</b>		
1. Entity Name <b>PINE CASTLE LODGE NO. 2345, LOYAL ORDER OF MOOSE, INC.</b>		
Principal Place of Business <b>5665 S. ORANGE AVE. ORLANDO, FL 32809</b>		Mailing Address <b>5665 S. ORANGE AVE. C/O CHARLES COOPER ORLANDO, FL 32809</b>
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country



03272004 Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2915643</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code
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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 reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25  
Due by May 1, 2004

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	<b>G</b> <b>LOTTI, JAMES</b> <b>P.O. BOX 294</b> <b>GOLDENROD, FL 32733</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PG</b> <b>NEUBECKER, DAVID</b> <b>4915 LOURVE AVE</b> <b>ORLANDO, FL 328121025</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PG</b> <b>MICHAEL OLMSTEAD</b> <b>5021 ST MARIE AVE</b> <b>ORLANDO FL 32812</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AD</b> <b>CHIESA, WILLIAM</b> <b>4721 ETHANS GLENN AVE</b> <b>ORLANDO, FL 32802</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AD</b> <b>DAVID NEUBECKER</b> <b>4915 LOURVE AVE</b> <b>ORLANDO FL 32812</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GIDDENS, MALOY</b> <b>7815 TENNYSON STREET</b> <b>ORLANDO, FL 32809</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MEYER, DAN</b> <b>5611 BIRR CT</b> <b>ORLANDO, FL 32809</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BEARD, JOHN</b> <b>2858 HOLSTER WAY</b> <b>ORLANDO, FL 32822</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>RICHARD BARTLETT</b> <b>1031 ROYAL PALM AVE #5</b> <b>ORLANDO FL 32809</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Maloy Giddens **maloygiddens** **3-28-04** **407-857-2345**

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