2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

ORLANDO FL 32809

CITY-ST-ZIP

SIGNATURE

Feb 14, 2005 8:00 am **Secretary of State** DOCUMENT # N29398 1. Entity Name 02-14-2005 90053 014 ****61.25 PINE CASTLE LODGE NO. 2345, LOYAL ORDER OF MOOSE, INC. Principal Place of Business Mailing Address 5665 S. ORANGE AVE. 5665 S. ORANGE AVE. C/O CHARLES COOPER ORLANDO FL 32809 ORLANDO FL 32809 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State Applied For 4. FEI Number 59-2915643 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 it applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE TITLE ☐ Change (X) Addition ☑ Delete ROBERT GIBBONS LOTTI, JAMES NAME NAME 950 E. WALLACE APT 104 P.O. BOX 294 STREET ADDRESS STREET ADDRESS **GOLDENROD FL 32733** ORLANDO FL 32809 CITY-SI-ZIP CITY-ST-ZIP PG Delete TITLE Change ☐ Addition OLMSTEAD, MICHAEL LOTTI, JAMES NAME NAME 2304 Homewood Dr. 5021 ST. MARIE AVE STREET ADDRESS STREET ADDRESS ORLANDO FL 32812 ORLANDO FL 32809 CITY-ST-ZIP CITY-ST-7IP ☐ Addition Detete ☐ Change TITLE NEUBECKER, DAVID NAME NAME 4915 LOURUE AVE STREET ADDRESS STREET ADDRESS ORLANDO FL 32812 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE GIDDENS, MALOY NAME NAME **7815 TENNYSON STREET** STREET ADDRESS STREET ADDRESS ORLANDO FL 32809 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE MEYER, DAN NAME NAME **5611 BIRR CT** STREET ADDRESS STREET ADDRESS ORLANDO FL 32809 CITY-ST-ZIP CITY-ST-ZIP Addition Tett £ ☐ Change Delete BARTLETT, RICHARD TOHN WADDELL NAME NAME 1031 ROYAL PALM AVE #5 950 E. WALLACE APTION STREET ADDRESS STREET ADDRESS

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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.

OF SIGNING OFFICER OR DIRECTOR

ORLANDO FL 32809

FILED