

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36487

FILED
Apr 26, 2009
Secretary of State

Entity Name: WEST PASCO LODGE NO. 2366, LOYAL ORDER OF MOOSE, INC.

Current Principal Place of Business:

9125 RIDGE RD
NEW PORT RICHEY, FL 34654 US

New Principal Place of Business:

Current Mailing Address:

9125 RIDGE RD
NEW PORT RICHEY, FL 34654 US

New Mailing Address:

FEI Number: 59-2983222 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HAHN, RON
Address: 13805 COX AVE
City-St-Zip: HUDSON, FL 34667

Title: D () Delete
Name: SICKLES, WILLIAM H
Address: 4934 DEER LODGE RD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: T () Delete
Name: MEROLLA, RALPH
Address: 7231 SAN SALVADORE DR
City-St-Zip: PORT RICHEY, FL 34668

Title: P () Delete
Name: THOMAS, DAVID L
Address: 12813 TEAKWOOD LN
City-St-Zip: HUDSON, FL 34667 30

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ALU, PAT
Address: 8621 CATLIN CT
City-St-Zip: HUDSON, FL 34667

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVE THOMAS

D

04/26/2009

Electronic Signature of Signing Officer or Director

_____ Date