


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90030 041 ****61.25

DOCUMENT # N46621							
1. Entity Name CALOOSAHATCHEE LODGE NO. 2395, LOYAL ORDER OF MOOSE, INC.							
Principal Place of Business 419 E. CAPE CORAL PKWY CAPE CORAL, FL 33904 US		Mailing Address 419 E. CAPE CORAL PKWY CAPE CORAL, FL 33904 US					
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	4. FEI Number 65-0306216			
				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee Is \$61.25 Due by May 1, 2007		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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	G	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	REISTER, JACK		NAME				
STREET ADDRESS	1111 DIPLOMAT PKWY SUITE 3		STREET ADDRESS				
CITY-ST-ZIP	CAPE CORAL, FL 33909		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BUCCA, JOHN		NAME				
STREET ADDRESS	3915 S.W 9TH AVE UNIT 119		STREET ADDRESS				
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BARTLETT, JOHN		NAME				
STREET ADDRESS	1224 SW 53RD TERRACE		STREET ADDRESS				
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ADKINSON, WALLACA H		NAME				
STREET ADDRESS	5233 SW 74TH PL		STREET ADDRESS				
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MURANO, ANELLO		NAME				
STREET ADDRESS	627 SE 24TH ST		STREET ADDRESS				
CITY-ST-ZIP	CAPE CORAL, FL 33990		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CALHOUN, HERB		NAME				
STREET ADDRESS	4831 TUDOR DR SUITE 4		STREET ADDRESS				
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP				
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: <i>Wallace H. Adkinson</i>			Date: 1-24-07 (239) 945-6066				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>				