


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

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90087 011 \*\*\*\*61.25

<b>DOCUMENT # N93000003075</b>			
1. Entity Name MIDDLEBURG LODGE NO. 2410, LOYAL ORDER OF MOOSE, INC.			
Principal Place of Business 1932 LONG BAY RD. MIDDLEBURG FL 32068 US		Mailing Address P O BOX 2062 MIDDLEBURG FL 32050 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number <b>59-3175860</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> 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 <b>FL</b> 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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PADGETT, LESLIE SR 5976 CENTERWOOD AVE JACKSONVILLE FL 32234	<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	D SEWELL, ROBBIE 7191 COTTONWOOD CT MIDDLEBURG FL 32068	<input checked="" type="checkbox"/> Delete	TITLE <b>D</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>David Bowen 3979 scenic DR Middleburg FL 32068</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AURNS, DONALD E S BITTERROOT AVE MIDDLEBURG FL 32068	<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	PD STURGEN, JAMES L 2861 THOMAS COURT ORANGE PARK FL	<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	VPD CLARK, CHARLES W III 1966 CANDLEWOOD CT MIDDLEBURG FL 32068	<input checked="" type="checkbox"/> Delete	TITLE <b>D</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Jerry W Tarrant 3848 Main St Middleburg FL 32068</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RASMUSSEN, GREGORY S SR 4767 CATRIL ST MIDDLEBURG FL 32068	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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: *Leslie L. Padgett* Leslie L. Padgett 4/27/05 904-282-6530  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #