


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90371 033 ****61.25

DOCUMENT # N93000003075							
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		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-3175860			
Zip		Country		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				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$61.25 Due by May 1, 2006		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	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PADGETT, LESLIE SR		NAME	GRANT LIVING			
STREET ADDRESS	5976 CENTERWOOD AVE		STREET ADDRESS	1607 EAGLE NEST LAKE			
CITY-ST-ZIP	JACKSONVILLE, FL 32234		CITY-ST-ZIP	MIDDLEBURG FL 32068			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOWEN, DAVID		NAME	JAMES E WHITE			
STREET ADDRESS	3979 SEENIC DR		STREET ADDRESS	4461 BONDARENKO ROAD			
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32626			
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AURNS, DONALD E		NAME	MARK SIROIS			
STREET ADDRESS	S BITTERROOT AVE		STREET ADDRESS	228 YUCCA STREET			
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP	MIDDLEBURG FL 32068			
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STURGEN, JAMES L		NAME	DONALD E. BURNS			
STREET ADDRESS	2861 THOMAS COURT		STREET ADDRESS	S BITTERROOT AVE			
CITY-ST-ZIP	ORANGE PARK, FL		CITY-ST-ZIP	MIDDLEBURG FL 32068			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TARRANT, JERRY W		NAME	CHARLES CROW			
STREET ADDRESS	3895 MAIN ST		STREET ADDRESS	77N COLON AVE			
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP	MIDDLEBURG FL 32068			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RASMUSSEN, GREGORY S SR		NAME	VINCENT ELSTON			
STREET ADDRESS	4767 CATRIL ST		STREET ADDRESS	1653 LISA DAWN DRIVE			
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP	MIDDLEBURG FL 32068			
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: <u>J.L. Sturgen</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>4/7/06</u> Daytime Phone #: <u>(904) 269-0594</u>			

CR 2237 4/7/06