

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003075

FILED
Jan 29, 2008
Secretary of State

Entity Name: MIDDLEBURG LODGE NO. 2410, LOYAL ORDER OF MOOSE, INC.

Current Principal Place of Business:

1932 LONG BAY RD.
MIDDLEBURG, FL 32068 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 2062
MIDDLEBURG, FL 32050 US

New Mailing Address:

FEI Number: 59-3175860 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: SD () Delete
Name: LIVING, GRANT E
Address: 2879 SEMINOLE VILLAG DR
City-St-Zip: MIDDLEBURG, FL 32068

Title: D () Delete
Name: WHITE, JAMES E
Address: 4461 BONDARCUKO ROAD
City-St-Zip: KEYSTONE HEIGHTS, FL 32626

Title: TD () Delete
Name: DEHART, MICHAEL D
Address: 3406 DEERFIELD PT DR
City-St-Zip: ORANGE PARK, FL 32073

Title: PD () Delete
Name: BURNS, DONALD E
Address: 5 BITTER ROSE AVE
City-St-Zip: MIDDLEBURG, FL 32068

Title: D () Delete
Name: CROW, CHARLES
Address: 77N COCOA AVE
City-St-Zip: MIDDLEBURG, FL 32068

Title: D () Delete
Name: ELSTON, VINCE
Address: 1653 LISA DAWN DR
City-St-Zip: MIDDLEBURG, FL 32068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: WHITE, JAMES E
Address: 291 BEARWOOD CIR W
City-St-Zip: MIDDLEBURG, FL 32068

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

Title: D (X) Change () Addition
Name: BURNS, DONALD E
Address: 5 BITTER ROSE AVE
City-St-Zip: MIDDLEBURG, FL 32068

Title: PD (X) Change () Addition
Name: CROW, CHARLES
Address: 77N COCOA AVE
City-St-Zip: MIDDLEBURG, FL 32068

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: GRANT E. LIVING

SD

01/29/2008

Electronic Signature of Signing Officer or Director

_____ Date