

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

FILED
Jul 21, 2005 8:00 am
Secretary of State

07-21-2005 90027 025 ****61.25

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1. Entity Name

GULFSTREAM MOOSE LEGION NO. 189, INC.



Principal Place of Business

501 46TH STREET
MARATHON FL 33050
US

Mailing Address

501 46TH STREET
MARATHON FL 33050
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2126310

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, DALE C	
STREET ADDRESS	PO BOX 1269	
CITY- ST- ZIP	ISLAMORADA FL 33036	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NELSON, ROBERT	
STREET ADDRESS	P.O. BOX 1429	
CITY- ST- ZIP	PALM CITY FL 34991	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FREY, RANDALL	
STREET ADDRESS	13966 SW 160TH TERR	
CITY- ST- ZIP	MIAMI FL 33177	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DYDEK, LOUIS	
STREET ADDRESS	501 46TH STREET	
CITY- ST- ZIP	MARATHON FL 33050	
TITLE	D	<input type="checkbox"/> Delete
NAME	FARRELL, RICHARD	
STREET ADDRESS	155 38TH S.W. 74TH LANE	
CITY- ST- ZIP	MIAMI FL 33193	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McCoy David C.	
STREET ADDRESS	4905 S.W. 111 Ave	
CITY- ST- ZIP	MIAMI, FL 33165	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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:

Louis Dydek
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #