2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State
04-06-2006 90018 021 ****61.25

DOCUMENT # N94000002812

1. Entity Name

CYPRESS MOOSE LEGION NO. 202, INC.

Principal Place of Business	Mailing Address
01904 LEESBURG [illegible] FRUITLAND PA 31	PO BOX 296 FRUITLAND PARK FL 34731 : DR. 34609

2. Principal Place of Business	3. Mailing Address
4182-SILVER FOX DR	4182-SILVER FOX DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BROOKSVILLE, FL.	City & State: BROOKSVILLE FL.
Zip: 34609 Country: U.S.A.	Zip: 34609 Country: U.S.A.

1st MOORE CR2E037 (10/05)

4. FEI Number 59-2115739 ☐ 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, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HICKMAN, THOMAS G 115 TACAMNDA DR LEESBURG FL 34748	☑ Delete	PRESIDENT HICKMAN, THOMAS G. 115-TACAMNDA DR. LEESBURG FL. 34748	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CIENDENNEY, DOUGLAS P 01904 LEESBURG BLBD FRUITLAND PARK FL 34731	☑ Delete	SECRETARY CHARLES E. GUTSCHMIDT SR. 4182-SILVER FOX DR. BROOKSVILLE, FL. 34609	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MOGLIN, KEVIN 615 ERIN WAY BROOKSVILLE FL 34601	☑ Delete	VICE PRESIDENT JOHN HOLLADAY 24540 FOX Rd ASTOR, FL. 32102	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALKER, RALPH 330 KENT ST GROVELAND FL 34736	☑ Delete	CHAPLIN GUY TRONE 1144-LINCOLN AVE MASARYTOWN, FL. 34604	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SANDERS, JOHN J 38020 10TH AVE ZEPHYRHILLS FL 33541	☑ Delete	DIRECTOR GAYLE HAYMON P.O. BOX 1007 LAKE PANASOFFKEE, FL 33538	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAPOSI, RAYMOND 3243 CONVERSE AVE. SPRING HILL FL 34608	☑ Delete	DIRECTOR JOSEPH RASH 8495-JAYSON DRIVE BROOKSVILLE, FL. 34613	☐ Change	☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Charles E. Gutschmidt CHARLES E. GUTSCHMIDT 4-1-06 352-796-7488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #