

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90109 026 ****61.25

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1. Entity Name

CYPRESS MOOSE LEGION NO. 202, INC.



Principal Place of Business

4182 SILVER FOX DR
SPRING HILL FL 34609

Mailing Address

4182 SILVER FOX DR
SPRING HILL FL 34609

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2115739

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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

NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete
P HICKMAN, THOMAS G	115 TACAMNDA DR	LEESBURG FL 34748	<input type="checkbox"/>
S GUTSCHMIDT, SR, CHARLES E	4182 SILVER FOX DR	SPRING HILL FL 34609	<input type="checkbox"/>
VP HOLLADAY, JOHN	24540 FOX ROAD	ASTOR FL 32102	<input type="checkbox"/>
CH TRONE, GUY	1144 LINCOLN AVE	BROOKSVILLE FL 34604	<input type="checkbox"/>
T SANDERS, JOHN J	38020 10TH AVE	ZEPHYRHILLS FL 33541	<input checked="" type="checkbox"/>
D KAPOSI, RAYMOND	3243 CONVERSE AVE.	SPRING HILL FL 34608	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ROBERT SCHAEFER T	5483 S DOYLE TERRACE	HOMOSASSA, FL 34446	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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** 2/2/07 352-796-7488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #