

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

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90032 041 ****61.25

DOCUMENT # N94000003046	
1. Entity Name SEMINOLE MOOSE LEGION NO. 81, INC.	

Principal Place of Business 10758 APPALOOSA DRIVE JACKSONVILLE FL 32257	Mailing Address 10758 APPALOOSA DRIVE JACKSONVILLE FL 32257
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10000000



1st MOORE CR2E037 (10/04)

4. FEI Number 23-7134036	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH 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	
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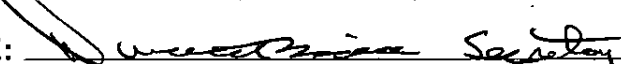
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LYON, RICHARD K SR 13390 S.E. 32ND COURT BELLEVIEW FL 34420-3173 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Note 1 Our re-election is not valid ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARBER, CHARLES T P.O. BOX 11 MACCLENNY FL 32063-0011 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Veritel 1-May 2005 No vote on April 9th 2005 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BIDDLE, DONALD F 10758 APPALOOSA DR. JACKSONVILLE FL 32257-1245 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MORRIS, WILLIAM B 8654 ISLE BRIDGE COURT JACKSONVILLE FL 32204 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FD GELER, BERNARD J PO BOX 454 GEORGETOWN FL 32139 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Geier ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FD BUTNER, ESLEL 5546 KEYSTONE DRIVE NORTH JACKSONVILLE FL 32207 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Edsel 'A' ☐ Change ☐ Addition

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-2005 880-5051

Date Daytime Phone #