

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90043 040 \*\*\*\*61.25

**DOCUMENT # N94000003210**

1. Entity Name

**SOUTH FLORIDA MOOSE LEGION NO 46, INC.**



Principal Place of Business

9193-D S.W. 20TH STREET  
BOCA RATON FL 33428  
US

Mailing Address

9193-D S.W. 20TH STREET  
BOCA RATON FL 33428  
US

2. Principal Place of Business

5309 W. PARK Rd

3. Mailing Address

5309 W. PARK Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33021

Country

USA

Zip

33021

Country

USA

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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	DALRYMPLE, WILLIAM	
STREET ADDRESS	5340 SW 35TH ST	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, JERRY	
STREET ADDRESS	9193-D S.W. 20TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COLEMAN, ROBERT	
STREET ADDRESS	2430 WILSON STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIRARD, JEAN	
STREET ADDRESS	2472 FUNSTON ST	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BEGUN, MICHAEL	
STREET ADDRESS	112 NW 60TH AVE	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL COYLE	
STREET ADDRESS	7441-NW 12 STREET	
CITY-ST-ZIP	PLANTATION, FL 33313	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICK CROWE	
STREET ADDRESS	5309 W. PARK ROAD	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EARL WYNN	
STREET ADDRESS	8435 NW 30th PLACE	
CITY-ST-ZIP	MIAMI, FL 33147	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Popovich	
STREET ADDRESS	131 W. 59th Street	
CITY-ST-ZIP	Hialeah, FL 33012	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Catlow	
STREET ADDRESS	921 SW 132nd Terrace	
CITY-ST-ZIP	DAVIE, FL 33325	

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

3/20/04 954 921-8705  
Date Daytime Phone #