FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:13

DOCUMENT # 707983 (3)

1. Corporation Name

MERRITT ISLAND LODGE NO. 2073 LOYAL ORDER OF MOOSE, INC.

Principal Place of Business	Mailing Address
3150 N COURTENAY PKWY., 1 MOOSE LANE P.O. BOX 540333 MERRITT ISLAND FL 32954-7333	3150 N COURTENAY PKWY., 1 MOOSE LANE P.O. BOX 540333 MERRITT ISLAND FL 32954-7333

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/20/1964
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-1112621 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	G	11 TITLE	GOVERNOR ☒ Change ☐ Addition
NAME	LEWINGTON, GRANT	12 NAME	THOMAS BRAUER
STREET ADDRESS	3146 IPSWICH DRIVE	13 STREET ADDRESS	2255 SYKES CREEK DR
CITY-ST-ZIP	COCOA FL	14 CITY-ST-ZIP	MERRITT ISLAND FL 32953
TITLE	S	21 TITLE	SEC ☒ Change ☐ Addition
NAME	WETHERINGTON, H.G.	22 NAME	JAMES R. MILLS
STREET ADDRESS	200 S. BANANA RIVER DR., B-3	23 STREET ADDRESS	N TROPICAL TRL
CITY-ST-ZIP	MERRITT ISLAND FL	24 CITY-ST-ZIP	MERRIT ISL FL 32952
TITLE	D	31 TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	COX, CHARLES	32 NAME	JOSEPH VIGLIONA
STREET ADDRESS	1445 MERCURY ST	33 STREET ADDRESS	200 MALAGA CT
CITY-ST-ZIP	MERRITT ISLAND FL	34 CITY-ST-ZIP	MERRITT ISLAND FL 32953
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	HOLLOWELL, ROBERT	42 NAME	
STREET ADDRESS	1420 CENTRAL AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	LEONARD, CLAIR	52 NAME	
STREET ADDRESS	1523 N BANANA RIVER DR	53 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	54 CITY-ST-ZIP	
TITLE	PG	61 TITLE	PG ☒ Change ☐ Addition
NAME	MOORE, NORM	62 NAME	MARK SUPAR
STREET ADDRESS	1525 S HARBOR DR	63 STREET ADDRESS	475 SAN CRISTOBAL CT
CITY-ST-ZIP	MERRITT ISLAND FL	64 CITY-ST-ZIP	MERRITT ISLAND FL 32953

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, added or deleted.

SIGNATURE: H. G. Wetherington 4/6/95 407 452 8383
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0694480