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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 710187 (6)

1. Corporation Name

STUART LODGE NO 1282, LOYAL ORDER OF MOOSE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
2454 SE INDIAN AVENUE
P.O. BOX 506
STUART FL 34995

Mailing Address
2454 SE INDIAN AVENUE
P.O. BOX 506
STUART FL 34995

3. Date Incorporated or Qualified **01/10/1966** 3a. Date of Last Report **01/28/1994**

4. FEI Number **23-7161400** 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 601(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 103.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 Country 28 Zip 30 Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**

NAME **FLEMING, STAN**

STREET ADDRESS **3732 SE LINCOLN ST**

CITY - ST - ZIP **STUART FL**

TITLE **GD**

NAME **MACLEES, JAY**

STREET ADDRESS **2559 SE INDIAN ST**

CITY - ST - ZIP **STUART FL**

TITLE **DS**

NAME **BILLINGS, CHARLES**

STREET ADDRESS **1601 E 11TH ST**

CITY - ST - ZIP **STUART FL**

TITLE **DPG**

NAME **BEAUREGARD, WILLIAM**

STREET ADDRESS **3063 IRIS ST**

CITY - ST - ZIP **STUART FL**

TITLE **DT**

NAME **SNOW, MARION L**

STREET ADDRESS **2329 NW BOUGANVILLA AVE**

CITY - ST - ZIP **STUART FL**

TITLE **D**

NAME **HARTLEY, DAVID**

STREET ADDRESS **7058 WEDELIA TERR**

CITY - ST - ZIP **PALM CITY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME **D James Hartley**

1.3 STREET ADDRESS **2573 Mariposa**

1.4 CITY - ST - ZIP **Port St. Lucie, Fl 34952**

2.1 TITLE Change Addition

2.2 NAME **GD Paul Dowd**

2.3 STREET ADDRESS **7710 SE Fork River Drive**

2.4 CITY - ST - ZIP **Stuart, Fl 34997**

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME **DPG Glenn Neff**

4.3 STREET ADDRESS **2908 Anhurst**

4.4 CITY - ST - ZIP **Stuart, Fl 34997**

5.1 TITLE Change Addition

5.2 NAME **DT Robert T. Jones**

5.3 STREET ADDRESS **2454 SE Indian St**

5.4 CITY - ST - ZIP **Stuart, Fl 34997**

6.1 TITLE Change Addition

6.2 NAME **D John Helms**

6.3 STREET ADDRESS **3047 SW Cedar Trail**

6.4 CITY - ST - ZIP **Palm City, Fl 34990**

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, or on an attachment with an address.

SIGNATURE:

Charles L. Billings
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles L. Billings

April 15, 1995 (407)287-2400

Date

Daytime Phone #