

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 12:07

DOCUMENT # 715372 (9)

1. Corporation Name

FORT WALTON BEACH LODGE NO. 2193, LOYAL ORDER OF MOOSE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

187 G GREEN ACRES ROAD
P.O. BOX 1733
FT. WALTON BEACH FL 32549

187 G GREEN ACRES ROAD
P.O. BOX 1733
FT. WALTON BEACH FL 32549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/07/1968** 3a. Date of Last Report **04/22/1994**

4. FEI Number **59-1361953** 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 Suite, Apt. #, etc.

2a. Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **SCHUMAKER, THOMAS R.**
STREET ADDRESS **2105 WILDERNESS PATH**
CITY-ST-ZIP **FT. WALTON BEACH FL**

1.1 TITLE **P** Change Addition
1.2 NAME **NICKEL, FRANK A.**
1.3 STREET ADDRESS **361 Kepner Dr**
1.4 CITY-ST-ZIP **Ft WALTON BEACH, FL**

TITLE **D**
NAME **BROCHU, HENRY B**
STREET ADDRESS **PO BOX 744 N/A**
CITY-ST-ZIP **NICEVILLE FL**

2.1 TITLE **D** Change Addition
2.2 NAME **BONNER, HENRY W.**
2.3 STREET ADDRESS **114B CEDAR ST**
2.4 CITY-ST-ZIP **EGLIN AFB, FL**

TITLE **S**
NAME **DEARWENT, PAUL F. JR.**
STREET ADDRESS **407 CRYSTAL LANE**
CITY-ST-ZIP **NICEVILLE FL**

3.1 TITLE **S** Change Addition
3.2 NAME **DEERE, BARRY M.**
3.3 STREET ADDRESS **825 GIBSON RD**
3.4 CITY-ST-ZIP **FORT WALTON BEACH, FL**

TITLE **D**
NAME **KASS, NICHOLAS E**
STREET ADDRESS **725 DUBOIS DR**
CITY-ST-ZIP **FT. WALTON BEACH FL**

4.1 TITLE **D** Change Addition
4.2 NAME **JACKSON, DALE**
4.3 STREET ADDRESS **2508 ANDORRA**
4.4 CITY-ST-ZIP **NAVARRE, FL**

TITLE **D**
NAME **SHERMAN, HOWARD**
STREET ADDRESS **RT. 1 BOX 1009**
CITY-ST-ZIP **NICEVILLE FL**

5.1 TITLE **D** Change Addition
5.2 NAME **SCHUMAKER, THOMAS R**
5.3 STREET ADDRESS **2105 WILDERNESS PATH**
5.4 CITY-ST-ZIP **FORT WALTON BEACH, FL**

TITLE **T**
NAME **MARTIN, CLAIR C**
STREET ADDRESS **817 CARDINAL ST**
CITY-ST-ZIP **FT. WALTON BEACH FL**

6.1 TITLE **T** Change Addition
6.2 NAME **KING, JAMES R.**
6.3 STREET ADDRESS **336 LEWIS ST**
6.4 CITY-ST-ZIP **FORT WALTON BEACH, FL**

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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

Barry M. Deere
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR

4-26-95

Date

862-8086

Original Filing #