

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 726109 (2)

1. Corporation Name

RUSKIN LODGE #813, LOYAL ORDER OF MOOSE INC



Principal Place of Business

P.O. BOX 38
RUSKIN FL 33570-5004

Mailing Address

P.O. BOX 38
RUSKIN FL 33570-5004

3. Date Incorporated or Qualified
04/13/1973

3a. Date of Last Report
03/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
23-7249873

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAYLOR, REX
878 LEONARD LEE RD.
WIMAUMA FL 33598

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 617.0502 and 617.1508, 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 617.0503, 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 PD Governor
NAME MORLOCK, JOHN
STREET ADDRESS 502 4TH ST SE
CITY-ST-ZIP RUSKIN FL ☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME COLLINS, SAMUEL D.
STREET ADDRESS P.O. BOX 884 N/A
CITY-ST-ZIP RUSKIN FL ☒ DELETE

21 TITLE Jr. Gov
22 NAME EDDIE DOOLITTLE
23 STREET ADDRESS P.O. Box 272
24 CITY-ST-ZIP RUSKIN, FL 33570 N/A ☒ Change ☐ Addition

TITLE D Treasurer
NAME COOPER, FRANK J
STREET ADDRESS 2510 SHELL POINT RD. W.
CITY-ST-ZIP RUSKIN FL ☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S Administrator
NAME TAYLOR, REX
STREET ADDRESS 878 LEONARD LEE ROAD
CITY-ST-ZIP WIMAUMA FL ☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D Prelate
NAME POTTER, ARTHUR K.
STREET ADDRESS 3630 PETROVA CIR
CITY-ST-ZIP RUSKIN FL ☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME FARMER, DON
STREET ADDRESS 107 6TH AVE SE
CITY-ST-ZIP RUSKIN FL ☒ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☒ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)