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
95 JAN 23 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **726475** **(7)**

1. Corporation Name

BROOKSVILLE LODGE NO. 1676 LOYAL ORDER OF MOOSE, INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
17129 WISCON ROAD P O BOX 1649 BROOKSVILLE FL 34605-8649	17129 WISCON ROAD P O BOX 1649 BROOKSVILLE FL 34605-8649

3. Date Incorporated or Qualified: 05/18/1973
3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-1817931 ☐ 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 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	SPENCER, CHARLES G JR	1.2 NAME	Allen B. Reaugh Sr.	
STREET ADDRESS	6535 BROAD ST	1.3 STREET ADDRESS	16220 Tampa St. Brooksville,Fl34609	
CITY-ST-ZIP	BROOKSVILLE FL	1.4 CITY-ST-ZIP		
TITLE	S	2.1 TITLE	S	☒ Change ☐ Addition
NAME	JOHNSON, JOHN M	2.2 NAME	Maynard Morrison	
STREET ADDRESS	5502 OLD CALIFORNIA ST	2.3 STREET ADDRESS	25345 avaline st	
CITY-ST-ZIP	BROOKSVILLE FL	2.4 CITY-ST-ZIP	Brooksville, Fl. 34601-4946	
TITLE	T	3.1 TITLE	V	☒ Change ☐ Addition
NAME	BUSH, ROBERT F	3.2 NAME	Ronnie Hampyon	
STREET ADDRESS	16492 WISCON RD	3.3 STREET ADDRESS	19338 Camp Ground Rd	
CITY-ST-ZIP	BROOKSVILLE, FL 00000	3.4 CITY-ST-ZIP	Brooksville, Fl 34601	
TITLE	V	4.1 TITLE	D	☒ Change ☐ Addition
NAME	PATTERSON, DONALD	4.2 NAME	James d. Walbeck	
STREET ADDRESS	7188 CALIFORNIA ST	4.3 STREET ADDRESS	900 N. Broad St Lot 5313	
CITY-ST-ZIP	BROOKSVILLE FL	4.4 CITY-ST-ZIP	Brooksville, Fl 34601-6363	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	GEOFFIRON, MERLE	5.2 NAME		
STREET ADDRESS	13364 CROWELL ROAD	5.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE, FL 00000	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	T	☒ Change ☐ Addition
NAME	MERROW, LAWRENCE	6.2 NAME		
STREET ADDRESS	7374 1ST CIRCLE DR	6.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE, FL 00000	6.4 CITY-ST-ZIP		

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)(i), 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: Maynard Morrison 16 Jan 95 904-796-8371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MAYNARD MORRISON SECRETARY

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