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95 MAY 22 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 727218 (0)

1. Corporation Name

ARCADIA LODGE NO. 1327, LOYAL ORDER OF MOOSE, IN
C.

Principal Place of Business

Mailing Address

1121 W. OAK ST.
ARCADIA FL 33821

1121 W. OAK ST.
ARCADIA FL 33821

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/21/1973
3a. Date of Last Report 07/13/1994

4. FBI Number 23-7185233
Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEVAN, GENE
206 EAST PALMETTO
ARCADIA FL 33821

81 Name ADAMSON, TIMOTHY
82 Street Address (P.O. Box Number is Not Acceptable)
137 NORTH HERNANDO AVE.

84 City ARCADIA, FL 85 Zip Code 33821

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 Timothy Adamson, Administrator

Timothy P. Adamson May 17, 1995
DATE

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

(NOTE: Registered Agent Signature required when registering)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	BLAIR, RON
STREET ADDRESS	POST OFFICE BOX 1082 N/A
CITY - ST - ZIP	NOCATEE FL
TITLE	V
NAME	TAYLOR, ERNEST
STREET ADDRESS	1077 NW PINE CREEK AVENUE
CITY - ST - ZIP	ARCADIA FL
TITLE	S
NAME	BEVANS, GENE
STREET ADDRESS	206 EAST PALMETTO
CITY - ST - ZIP	ARCADIA FL
TITLE	D
NAME	THOMPSON, LYLE
STREET ADDRESS	POST OFFICE BOX 847 N/A
CITY - ST - ZIP	ARCADIA FL
TITLE	D
NAME	WILSON, RAY
STREET ADDRESS	1212 MARTHA
CITY - ST - ZIP	ARCADIA FL

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WALKER, HADLEY	
1.3 STREET ADDRESS	P.O. Box 1122 N/A	
1.4 CITY - ST - ZIP	ARCADIA, FL 33821	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	V	
2.2 NAME	WHITE, LLOY E.	
2.3 STREET ADDRESS	P.O. Box 491 N/A	
2.4 CITY - ST - ZIP	NOCATEE, FL 33864	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BEVANS, GENE	
3.3 STREET ADDRESS	206 EAST PALMETTO	
3.4 CITY - ST - ZIP	ARCADIA, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE	D	
6.2 NAME	Robert F. Martin	
6.3 STREET ADDRESS	2998 NW Hwy 70	
6.4 CITY - ST - ZIP	ARCADIA, FL 33821	

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)(b), 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: *Gene Bevens*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR

May 17, 1995 (813)
993-0245
Date Daytime Phone

Gene Bevens, Treasurer