## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

747407

DOCUMENT # 747407 (5)								
LEESBURG LODGE #1271 LOYAL ORDER OF MOOSE								
Principal Place of Business Mailing Address						981 81811 B4855 81811 81811	E I BALL E JEAN ( DEL	
HWY. 44.W. PO BOX 490537 LEESBURG FL 34788		HWY, 44.W. PO BOX 490537 LEESBURG FL 34788						
					3. Date Incorporated or Qualified 05/29/1979	3a. Date of Last 05/01/19		
2. Principal Pla	ace of Business	2a. Mailing Address 26			4. FEI Number 59-0604702	Applied For Not Applicable		
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.75	Additional Regulred	
City & State		City & State			6. Election Campaign Financing	□ \$5.0¢	О Мау Ве	
Zip	Country	Zip	Countr	у	Trust Fund Contribution  8. This corporation has liability for in	tangible tax under s.	d to Fees 199.032,	
24   25   29   30			30	Florida Statutes Yes No  10. Name and Address of New Registered Agent				
9. Name and Address of Current Registered Agent				Name	IV. Name and Address of New Ne	gistered Agent		
C T CORPORATION SYSTEM			83	2 Street	et Address (P.O. Box Number is Not Acceptable)			
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			8:	3	+14-1			
) Dans	1101112 00027		84	1 City		85 Zip	o Code	
						FL "		
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 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 are familiar with, and accept the obligations of Section 617.0503, Florida Statutes.							agent. I am	
SIGNATURE Start of the printed name of registered agent and this if applicable (NOTE: Registered Agent signature recoursed when reinstaining).  OATE  OATE								
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	PD	DELETE	1.1 TITLE		PD	<b>X</b> Change	☐ Addition	
NAME	DAVIS, MERRILL A.		1.2 NAME		HUGHES RICHARD O		_	
STREET ADDRESS	16711 KEENE RD.		1.3 STRE	et address	2358 MISPAH AV. LEESBUR	G,FL. 3474	3	
CITY-ST-ZIP	UMATILLA FL		1.4 CITY -				107 4 4 195	
TITLE	D	DEFELE	2.1 TITLE		D EUGENE M. VAUGHN	☐ Change	Addition	
NAME	MENNICKE, KENNETH A. 55 BIG OAK LANE		2.2 NAME		32205 SUMMERTREE CIR.			
STREET ADDRESS	WILDWOOD FL			ET ADDRESS	LEESBURG, FL. 34748			
CITY-ST-ZIP	VD VD	DELETE	2. 4 C/TY 3.1 T/TLE			Change	Addition	
TITLE	HUGHES, RICHARD O.		3.1 MEE		MEDDILL & DAUGE	January Community		
NAME OTREET ADDRESS	2358 MISPAH AVE.			ET ADDRESS	MERRILL A.DAVIS   16711 KEENE RD.			
STREET ADDRESS	LEESBURG FL		1	-ST-ZIP	UMATILLA FL 32784			
CITY-ST-ZIP TITLE	D	DELETE	4.1 Title		D	☐ Change	Addition	
NAME	CACCAMISE, SAM	. —	4. 2 NAM		SAM CACCAMISE			
STREET ADDRESS	1512 W LANCASTER AVENUE			ET ADDRESS	1512 w.LANCASTER AVE.			
CITY-ST-ZIP	LEESBURG FL			-ST-ZIP	LEESBURG FL. 34748			
TITLE	SD	DELETE	5.1 TITLE		SD	Change	Addition	
NAME	BECK, JOHN D		5.2 NAM	E	JOHN D.BECK			
STREET ADDRESS	3757 PICCIOLA RD		5.3 STRE	ET ADDRESS	3757 PICCIOLA RD.			
CITY-ST-ZIP	LEESBURG FL		5.4 C/TY	- ST - ZIP	LEESBURG FL 34748			
TITLE	10	DELETE	6.1 TITLE		TD	Change	Addition	
NAME	HOLLISTER, JAMES L	,	6.2 NAM	E	ROBERT VATHRODER			
STREET ADDRESS	02051 SPRING LAKE RD		6.3 STRE	ET ADDRESS	02626 LAKE ELLA RD.			
CITY-ST-ZIP	FRUITLAND PARK FL		6.4 CITY	- ST - ZIP	FRUITLAND PARK FL 3473		ton I fourt	

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:

NAME OF SIGNING OFFICER OF DIRECTOR

JOHN D. BECK