

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 12, 1999 8:00 am**  
**Secretary of State**

07-12-1999 90016 042 \*\*\*\*61.25



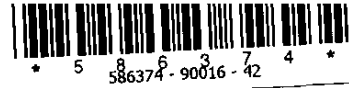
**NONPROFIT CORPORATION ANNUAL REPORT 1999**

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 747407**

1. Corporation Name

**LEESBURG LODGE #1271 LOYAL ORDER OF MOOSE**



Principal Place of Business

Mailing Address

HWY. 44.W.  
 PO BOX 490537  
 LEESBURG FL 34788

HWY. 44.W.  
 PO BOX 490537  
 LEESBURG FL 34788

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

1 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

05/29/1979

3 City & State

27 City & State

4. FEI Number.

Applied For  
 Not Applicable

59-0604702

4 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

25

29

30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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 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 <input type="checkbox"/> DELETE            | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       | FORTUNE, THOMAS R                             | 1.2 NAME  |   |
| STREET ADDRESS             | 31713 SO WHITNEY RD                           | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | LEESBURG FL 34748                             | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE  | 2.1 TITLE   | 5 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| NAME                       | RUNYON, NORVELL                               | 2.2 NAME  | Douglas P. CLENDENNEY   |
| STREET ADDRESS             | 48588 CR 144                                  | 2.3 STREET ADDRESS                                    | P.O. Box 296  |
| CITY-ST-ZIP                | WILDWOOD FL 34785                             | 2.4 CITY-ST-ZIP                                       | FRUITLAND PARK FL 34731   |
| TITLE                      | VD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | HUGHES, RICHARD O                             | 3.2 NAME  | JAMES L. McCELRATH  |
| STREET ADDRESS             | 2358 MISPAH AV                                | 3.3 STREET ADDRESS                                    | 1211 South ST.  |
| CITY-ST-ZIP                | LEESBURG FL 34748                             | 3.4 CITY-ST-ZIP                                       | LEESBURG FL 34748   |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE  | 4.1 TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| NAME                       | SNOW, MARK                                    | 4.2 NAME  | ROBERT E. MANNING   |
| STREET ADDRESS             | P O BOX 58 N/A                                | 4.3 STREET ADDRESS                                    | 34922 S. HAINES CREEK RD.   |
| CITY-ST-ZIP                | COLEMAN FL 33521                              | 4.4 CITY-ST-ZIP                                       | LEESBURG FL 34788   |
| TITLE                      | SD <input checked="" type="checkbox"/> DELETE | 5.1 TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| NAME                       | NADEAU, AL                                    | 5.2 NAME  | Louis Thuman  |
| STREET ADDRESS             | 32656 OAK PARK DR                             | 5.3 STREET ADDRESS                                    | 608 Palm AVE  |
| CITY-ST-ZIP                | LEESBURG FL 34748                             | 5.4 CITY-ST-ZIP                                       | Wildwood, FL 34785  |
| TITLE                      | TD <input checked="" type="checkbox"/> DELETE | 6.1 TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| NAME                       | VARNER, TED                                   | 6.2 NAME  | MERRILL DAVIS   |
| STREET ADDRESS             | 28019 PRICE RD                                | 6.3 STREET ADDRESS                                    | 16711 KEENE RD.   |
| CITY-ST-ZIP                | OKAHUMPKA FL 34762                            | 6.4 CITY-ST-ZIP                                       | UMATILLA FL 34784   |

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

*Douglas P. Clendenney*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-99

(352) 787-4073

Date

Daytime Phone #

CR2E037 (5/99)