

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90150 018 \*\*\*\*61.25

0094814

**DOCUMENT # 747407**

1. Entity Name  
**LEESBURG LODGE #1271 LOYAL ORDER OF MOOSE**



Principal Place of Business      Mailing Address  
P.O. BOX 490537      P.O. BOX 490537  
LEESBURG FL 34749-0537      LEESBURG FL 34749-0537

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0604702**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LEXIS DOCUMENT SERVICES INC.**  
**3953 WW KELLEY ROAD**  
**TALLAHASSEE FL 32311**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WALKER, RALPH E 330 KENT ST. GROVELAND FL 34736</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S CLENDENNEY, DOUGLAS P PO BOX 296 FRUITLAND PARK FL 34731</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T RUNYON, NORVELL 4858 CR 144 WILDWOOD FL 34785</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MANNING, ROBERT E 34922 S HAINES CREEK RD LEESBURG FL 34788</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PROVENZONO, FRANK P.O. BOX 1642 TAVARES FL 32778</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D EDMONDSON, JAMES B. 2957 POPLAR AVE LEESBURG FL 34748</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>← SAME</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>← SAME</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>← SAME</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>John SEVERSON 4548 N.E. 32ND PLACE Wildwood Fl 34785</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>EDMONDSON, JAMES B. 2957 Poplar Ave LEESBURG FL 34748</b>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*      **SIGNATURE REQUIRED**      **4/7/03**      **752 787 4073**

CR2E037 (10/02)