SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Sep 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N25032 (6)

1. Corporation Name
BARTOW LODGE NO 1213, LOYAL ORDER OF MOOSE, INC.

Principal Place of Business	Mailing Address
PO BOX 924 BARTOW FL 33830	PO BOX 924 BARTOW FL 33830

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/25/1988
3a. Date of Last Report: 03/07/1996
4. FEI Number: 59-0628102 ☐ 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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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

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 _____ 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	SD	☒ DELETE	1.1 TITLE	P	☐ Change ☑ Addition
NAME	HARRISON, D.W.		1.2 NAME	JOHN A WHITE	
STREET ADDRESS	6135 HARNEY RD		1.3 STREET ADDRESS	394 HIGHLANDS WAY	
CITY-ST-ZIP	BARTOW FL		1.4 CITY-ST-ZIP	BARTOW, FL 33830	
TITLE	D	☒ DELETE	2.1 TITLE	V	☐ Change ☑ Addition
NAME	GOLDEN, DAVID G		2.2 NAME	JAMES JORDAN	
STREET ADDRESS	1045 S. DUDLEY AVE		2.3 STREET ADDRESS	3520 E GASKIN RD	
CITY-ST-ZIP	BARTOW FL		2.4 CITY-ST-ZIP	BARTOW, FL 33830	
TITLE	TD	☒ DELETE	3.1 TITLE	T	☐ Change ☑ Addition
NAME	O'STEEN, RONALD K		3.2 NAME	TERRELL RANDALL	
STREET ADDRESS	421 WESTOVER ST		3.3 STREET ADDRESS	920 SO. EASTLAKE DR	
CITY-ST-ZIP	LAKELAND FL		3.4 CITY-ST-ZIP	BARTOW, FL 33830	
TITLE	~~SD~~ S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TROUP, LAMAR		4.2 NAME		
STREET ADDRESS	3190 AVE 'Q', NW		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME	DEBERRY, MICHAEL		5.2 NAME	WALLY EDWARDS	
STREET ADDRESS	136 WESTOVER ST.		5.3 STREET ADDRESS	785 SUNSET DR	
CITY-ST-ZIP	LAKELAND FL		5.4 CITY-ST-ZIP	BARTOW FL 33830	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☑ Addition
NAME	LYKINS, BRUCE		6.2 NAME	ROBERT SHEPHERD	
STREET ADDRESS	1515 OLEANDER PL		6.3 STREET ADDRESS	2455 HWY 17 SO. # 20.	
CITY-ST-ZIP	BARTOW FL		6.4 CITY-ST-ZIP	BARTOW FL 33830	

CR2E037 (4/97)

14. I do 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.

SIGNATURE: SIGNATURE REQUIRED 9/9/97