

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N26419 (4)
1. Corporation Name

CLEWISTON LODGE NO. 2334, LOYAL ORDER OF MOOSE, INC.



Principal Place of Business: P.O. BOX 2428, CLEWISTON FL 33440
Mailing Address: P.O. BOX 2428, CLEWISTON FL 33440

3. Date Incorporated or Qualified: **05/12/1988**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **65-004674**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24
Country: 25
2a. Mailing Address: 26 **PO Box 2428**
Suite, Apt. #, etc.: 27
City & State: 28
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: **ROBERT B MARRS**
82 Street Address (P.O. Box Number is Not Acceptable): **1024 NE 27th St**
83
84 City: **Belle Glade** FL 85 Zip Code: **33430**

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: Robert B Marrs (Signature, typed or printed name of registered agent and title if applicable) Robert B MARRS (NOTE: Registered Agent signature required when reinstating) DATE: 6-14-96

12. OFFICERS AND DIRECTORS		DELETED
TITLE	SD	<input checked="" type="checkbox"/>
NAME	STOCKDALE, JOHN	
STREET ADDRESS	705 BOWDEN ROAD	
CITY - ST - ZIP	CLEWISTON FL	
TITLE	D	<input type="checkbox"/>
NAME	HENDRIX, THOMAS	
STREET ADDRESS	PO BOX 352 NA	
CITY - ST - ZIP	CLEWISTON FL	
TITLE	D	<input type="checkbox"/>
NAME	JOHNSON, CLARENCE D	
STREET ADDRESS	635 E VENTURA	
CITY - ST - ZIP	CLEWISTON FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Robert B. MARRS		
1.3 STREET ADDRESS	1024 NE 27th St		
1.4 CITY - ST - ZIP	Belle Glade, FL 33430		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

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)(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: Robert B. MARRS DATE: 6-14-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE # 941-983-4444
402-996-6239

CR2E037 (3/96)