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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Moitham
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 **Mailing Address**

**307 E AZTEC AVE
CLEWISTON FL 33440
US** **307 E AZTEC AVE
CLEWISTON FL 33440
US**

21	2. Principal Place of Business	2a.	Mailing Address
22	Sulte, Apt. #, etc.	26	Sulte, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Zip
25	Country	29	Country
30			

3. Date Incorporated or Qualified
05/12/1988

4. FEI Number
65-0044674

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**HAMMOND, RICHARD
K1 HORSESHOE ACRES
MOORE HAVEN FL 33471**

**CT CORPORATION SYSTEM
1200 SO. PINE ISLAND RD.
PLANTATION, FL. 33324**

10. Name and Address of New Registered Agent

81 Name **CT CORPORATION SYSTEM**

82 Street Address **1200 SO. PINE ISLAND RD.**

83 City **PLANTATION**

84 State **FL** **85 Zip Code** **33324**

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 617.0502, Florida Statutes.

SIGNATURE Connie Bryan **CONNIE BRYAN**
SPECIAL ASSISTANT SECRETARY

DATE **5/12/98**

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	HAMMOND, RICHARD	
STREET ADDRESS	K1 HORSESHOE ACRES	
CITY-ST-ZIP	MOORE HAVEN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FALLER, ROBERT JR	
STREET ADDRESS	PO BOX 2282	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, CLARENCE D	
STREET ADDRESS	635 E VENTURA	
CITY-ST-ZIP	CLEWISTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOSEPH YORK
2.3 STREET ADDRESS	1506 sassy rd.
2.4 CITY-ST-ZIP	CLEWISTON, FL. 33440
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE [Signature] **5/15/98**

CR2E037 (10/97)