

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N46621** (1)

1. Corporation Name

**CALOOSAHATCHEE LODGE NO. 2395, LOYAL ORDER OF MO
OSE, INC.**



Principal Place of Business

**419 E. CAPE CORAL PKWY
CAPE CORAL FL 33904
US**

Mailing Address

**419 E. CAPE CORAL PKWY
CAPE CORAL FL 33904
US**

3. Date Incorporated or Qualified
12/23/1991

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0306216

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

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

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

23 Zip

Country

28 Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 **SD** ☐ DELETE
NAME **BERGAU, GEORGE J.**
STREET ADDRESS **115 SW 52 ST**
CITY-ST-ZIP **CAPE CORAL FL**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Jack A Cohoon**
1.3 STREET ADDRESS **639 SE 13TH AVE APT 111**
1.4 CITY-ST-ZIP **Cape Coral FL 33990**

TITLE **PD** ☐ DELETE
NAME **SIDONIO, JOHN F**
STREET ADDRESS **109SW 22 TERR**
CITY-ST-ZIP **CAPE CORAL FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **ANDRACCHIO, CHARLES**
STREET ADDRESS **3617 SW 8TH AVE**
CITY-ST-ZIP **CAPE CORAL FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **VP** ☐ DELETE
NAME **LIBIENTO, MARK M**
STREET ADDRESS **4928 VINCENNES ST**
CITY-ST-ZIP **CAPE CORAL FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **KORWATCH, LARRY**
STREET ADDRESS **2616 ARCHER PKWY**
CITY-ST-ZIP **CAPE CORAL FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **DISBROW, DONALD**
STREET ADDRESS **2235 SE 27TH TERR**
CITY-ST-ZIP **CAPE CORAL FL**

6.1 TITLE ☐ Change ☐ Addition
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:

George J. Bergau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 8/1996 941)945-6066
Date Daytime Phone

CR2E037 (12/95)