

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N94000000793 (9)**

1. Corporation Name

**INDIAN RIVER MOOSE LEGION NO. 178, INC.**



Principal Place of Business

Mailing Address

1019 N. MAIN ST.  
KISSIMMEE FL

1019 N. MAIN ST.  
KISSIMMEE FL

3. Date Incorporated or Qualified  
**02/16/1994**

3a. Date of Last Report  
**04/19/1995**

2. Principal Place of Business

2a. Mailing Address

21 **253 LaPaz Dr.**

26 **253 LaPaz Dr.**

4. FEI Number  
**23-7395688**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

22 City & State

27 City & State

23 **Kissimmee, Fl.**

28 **Kissimmee, Fl.**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

Zip Country

Zip Country

24 **34743**

25 **Osceola**

29 **34743**

30 **Osceola**

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

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CIRARAMELLO, CARMEN A.	
STREET ADDRESS	4634 LIGUSTRUM WAY	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	GOODERMUTH, RAY C.	
STREET ADDRESS	4131 N. HARBOR CITY BLVD.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	POGUE, HAROLD	
STREET ADDRESS	247 KNOX MCRAE DRIVE #11	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HAMMOND, RODNEY A	
STREET ADDRESS	2936 OAKTREE DR.	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MCCRACKEN, JAMES M.	
STREET ADDRESS	10 BAYBERRY BRANCH	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FREEMAN, GUSTAVE W	
STREET ADDRESS	131 S. ORANGE AVE.	
CITY-ST-ZIP	DELAND FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GOODERMUTH, RAY C.	
1.3 STREET ADDRESS	3160 INDIAN RIVER DR. NE	
1.4 CITY-ST-ZIP	PALM BAY FL. 32905	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	POGUE, HAROLD	
2.3 STREET ADDRESS	247 KNOX MCRAE DRIVE #11	
2.4 CITY-ST-ZIP	TITUSVILLE FL. 32780	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	OWEN FRANK E.	
3.3 STREET ADDRESS	3580 SABLE PALM LANE	
3.4 CITY-ST-ZIP	TITUSVILLE FL. 32780-5130	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CALMBACHER, HAROLD W.	
4.3 STREET ADDRESS	253 LA PAV DRIVE	
4.4 CITY-ST-ZIP	KISSIMMEE FL. 34743	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MCCRACKEN, JAMES M.	
5.3 STREET ADDRESS	10 BAYBERRY BRANCH	
5.4 CITY-ST-ZIP	CASSELBERRY FL. 32707-1903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	REBENSKY PAUL, SR	
6.3 STREET ADDRESS	1100 JOHN RODES BLVD. LOT 157	
6.4 CITY-ST-ZIP	MELBOURNE, FL. 32934-7255	

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:** HAROLD W. CALMBACHER *Harold W. Calmbacher* 4/2/96 407 348 5647  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)