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Jan 29 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 # N94000000793 (9)

1. Corporation Name

INDIAN RIVER MOOSE LEGION NO. 178, INC.



Principal Place of Business

Mailing Address

253 LAPAZ DRIVE  
KISSIMMEE FL 34743  
US

253 LAPAZ DRIVE  
KISSIMMEE FL 34743-9477  
US

3. Date Incorporated or Qualified  
02/16/1994

3a. Date of Last Report  
04/05/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

23-7395688

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME GOODERMUTH, RAY C.  
STREET ADDRESS 3160 INDIAN RIVER DRIVE NE  
CITY-ST-ZIP PALM BAY FL

1.1 TITLE PD  Change  Addition  
1.2 NAME Pogue, Harold  
1.3 STREET ADDRESS 247 Knox McRea Drive #11  
1.4 CITY-ST-ZIP Titusville, Fl.

TITLE D  DELETE  
NAME POGUE, HAROLD  
STREET ADDRESS 247 KNOX MCRAE DRIVE #11  
CITY-ST-ZIP TITUSVILLE FL

2.1 TITLE D  Change  Addition  
2.2 NAME Pfarr, Bruce J.  
2.3 STREET ADDRESS 3041 10th St.  
2.4 CITY-ST-ZIP Orlando, Fl. 32820-1836

TITLE D  DELETE  
NAME OWEN, FRANK E.  
STREET ADDRESS 3560 SABLE PALM LANE  
CITY-ST-ZIP TITUSVILLE FL

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

TITLE SD  DELETE  
NAME CALMBACHER, HAROLD W.  
STREET ADDRESS 253 LA PAV DRIVE  
CITY-ST-ZIP KISSIMMEE FL

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

TITLE D  DELETE  
NAME MCCRAKEN, JAMES M.  
STREET ADDRESS 10 BAYBERRY BRANCH  
CITY-ST-ZIP CASSELBERRY FL

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

TITLE D  DELETE  
NAME REBENSKY, SR. PAUL  
STREET ADDRESS 1100 JOHN RODES BLVD LOT 157  
CITY-ST-ZIP MELBOURNE 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 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. HAROLD W. CALMBACHER.

SIGNATURE: *Harold W. Calmbacher*

JAN 17 1997 407  
348-5647

CR2E037 (9/96)