

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90292 016 ****61.25

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1. Entity Name

INDIAN RIVER MOOSE LEGION NO. 178, INC.



Principal Place of Business

**1070 SANTA FE DR
KISSIMMEE FL 34741
US**

Mailing Address

**PO BOX 451661
KISSIMMEE FL 34745
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **23-7395688**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GEORGE, TURNER
1070 SANTA FE DR
PO BOX #451661
KISSIMMEE FL 34745**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME **REBENSKY, PAUL**
STREET ADDRESS **1100 JOHN RODES BLVD., LOT 157**
CITY-ST-ZIP **MELBOURNE FL 32907**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **NEUBECKER, DAVID**
STREET ADDRESS **4915 LOUVRE AVE**
CITY-ST-ZIP **ORLANDO FL 32812-1025**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **PFARR, BRUCE**
STREET ADDRESS **3041 10TH ST**
CITY-ST-ZIP **ORLANDO FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **GARCIA, RALPH**
STREET ADDRESS **2824 EMPIRE PLACE**
CITY-ST-ZIP **SANFORD FL 32773-5291**

TITLE Change Addition
NAME **John J. DuFRANE JR**
STREET ADDRESS **770 Lake Kathryn**
CITY-ST-ZIP **Casselberry, FL 32707-**

TITLE **D** Delete
NAME **MCCRACKEN, JAMES M.**
STREET ADDRESS **10 BAYBERRY BRANCH**
CITY-ST-ZIP **CASSELBERRY FL**

TITLE Change Addition
NAME **OTMER R. Payne**
STREET ADDRESS **4514 La Vista Dr.**
CITY-ST-ZIP **Orlando, FL 32808-1908**

TITLE **D** Delete
NAME **REBENSKY, SR. PAUL**
STREET ADDRESS **1100 JOHN RODES BLVD LOT 157**
CITY-ST-ZIP **MELBOURNE FL**

TITLE Change Addition
NAME **John Haystead**
STREET ADDRESS **5010 Apollo Ave**
CITY-ST-ZIP **Saint Cloud, FL 34773-9411**

CR2E037 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *George Turner* SIGNATURE: *George Turner* 1/07/03 407-933-5807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR