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SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # N94000004051 (8)

1. Corporation Name

ORANGE BLOSSOM MOOSE LEGION NO. 125, INC.

200001399362
-02/08/95--01030--001
****130.00 ****130.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3152 KAREN AVE. LARGO FL	3152 KAREN AVE. LARGO FL

3. Date Incorporated or Qualified: 08/15/1994
3a. Date of Last Report:
4. FEI Number: 592078802 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	FREESTONE, KENNETH	1.2 NAME	
STREET ADDRESS	3426 TH AVE. SE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34641-2727	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	WHITE, ROBERT	2.2 NAME	
STREET ADDRESS	12227 HAVANA AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654-3924	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	GIMBRONE, LOUIS J	3.2 NAME	
STREET ADDRESS	1987 TEMPLE TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34624-6650	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	☐ Change ☐ Addition
NAME	ELAM, EDMUND B	4.2 NAME	
STREET ADDRESS	3152 KAREN AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34644-1444	4.4 CITY-ST-ZIP	
TITLE	DT	5.1 TITLE	☐ Change ☐ Addition
NAME	FOSTER, CHARLES W	5.2 NAME	
STREET ADDRESS	1617 S. EVERGREEN	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34616-1241	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	DIERKS, PAUL A	6.2 NAME	
STREET ADDRESS	12140 RHONDA TERRACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 34642-3419	6.4 CITY-ST-ZIP	

DSS 2/2/95

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)(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: Edmund B Elam 1-13-95 5840132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007103