FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 11:39

DOCUMENT # **749877** **(7)**

1. Corporation Name

CLEARWATER LODGE NO. 1030, LOYAL ORDER OF MOOSE, INC.

Principal Place of Business	Mailing Address
150 MCMULLEN BOOTH ROAD CLEARWATER FL 34619	150 MCMULLEN BOOTH ROAD CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/21/1979**
3a. Date of Last Report: **04/26/1994**
4. FEI Number: **59-0611296** ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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	SM	11 TITLE		☐ Change ☐ Addition
NAME	SCHALK, GEORGE L	12 NAME		
STREET ADDRESS	150 MCMULLEN, BOOTH RD	13 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34619	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE	PD	☒ Change ☐ Addition
NAME	SOUTAR, JOHN J	22 NAME	WHALLEN, HORACE E	
STREET ADDRESS	1450 HEATHER RIDGE BLVD. #207	23 STREET ADDRESS	2012 BELLHURST DRIVE	
CITY-ST-ZIP	DUNEDIN FL 34698	24 CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	VD	31 TITLE	VD	☒ Change ☐ Addition
NAME	WHALLEN, HORACE E.	32 NAME	ZOANETTE, VICTOR	
STREET ADDRESS	2012 BELLHURST DR.	33 STREET ADDRESS	247 MCMULLEN BOOTH ROAD	
CITY-ST-ZIP	DUNEDIN FL 34698	34 CITY-ST-ZIP	CLEARWATER, FL 34619	
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	DIERKS, PAUL A	42 NAME	KEELEY, PETER F	
STREET ADDRESS	12140 RHONDA TERR.	43 STREET ADDRESS	2062 VILLA TERRACE	
CITY-ST-ZIP	SEMINOLE FL 34642	44 CITY-ST-ZIP	CLEARWATER, FL 34623	
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	WILHITE, F.T.	52 NAME	SOUTAR, JOHN J	
STREET ADDRESS	1327 MARJOHN AVE.	53 STREET ADDRESS	1450 HEATHER RIDGE BLVD. #207	
CITY-ST-ZIP	CLEARWATER FL 34616	54 CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	TD	61 TITLE	TD	☒ Change ☐ Addition
NAME	NOONAN, ROBERT	62 NAME	HEIT, STEVE	
STREET ADDRESS	3010 LONGBROOKE WAY	63 STREET ADDRESS	1905 PALM DRIVE	
CITY-ST-ZIP	CLEARWATER FL 34620	64 CITY-ST-ZIP	CLEARWATER, FL 34623	

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 E Schalk 4-7-95 813-791-9214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044312