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

APPROVED AND FILED
95 APR 24 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16425 (3)

1. Corporation Name
SUWANNEE RIVER LODGE NO. 325 LOYAL ORDER OF MOOSE, INC.

Principal Place of Business	Mailing Address
RTE 1 BOX 784 #A1 TRENTON FL 32693	RTE 1 BOX 784 #A1 TRENTON FL 32693

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/20/1986
3a. Date of Last Report: 01/19/1994
4. FEI Number: 59-2697716 ☐ 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
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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	MD	1.1 TITLE	☐ Change ☐ Addition
NAME	HINKLE, LOWELL	1.2 NAME	
STREET ADDRESS	RT 1 BOX 468	1.3 STREET ADDRESS	
CITY-ST-ZIP	TRENTON FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☒ Change ☐ Addition
NAME	HARVEY, RICHARD	2.2 NAME	TO JAMES ASHWORTH
STREET ADDRESS	RT. 1, BOX 394	2.3 STREET ADDRESS	PO BOX 649
CITY-ST-ZIP	CHIEFTLAND FL	2.4 CITY-ST-ZIP	CHIEFLAND FL
TITLE	TD	3.1 TITLE	TO Woodrow TAYLOR ☒ Change ☐ Addition
NAME	KIRKLAND, CLAUDE	3.2 NAME	RR1 BOX 482
STREET ADDRESS	RT 3 BOX 205	3.3 STREET ADDRESS	TRENTON FL
CITY-ST-ZIP	OLD TOWN FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	PD ☒ Change ☐ Addition
NAME	CLARK, HEBERT	4.2 NAME	
STREET ADDRESS	RT. 1, BOX 1027-D	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHIEFTLAND FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	CLARKE, ROBERT	5.2 NAME	
STREET ADDRESS	P. O. BOX 1745 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHIEFLND FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	PEARSON, RICHARD	6.2 NAME	
STREET ADDRESS	RT. 1, BOX 1251	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHIEFLND FL	6.4 CITY-ST-ZIP	

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: Lowell D. Hinkle LOWELL D. HINKLE 4/17/95 904 463-2838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Daytime Phone #)