

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N16425 (3)

1. Corporation Name

SUWANNEE RIVER LODGE NO. 325 LOYAL ORDER OF MOOS
E, INC.



Principal Place of Business

Mailing Address

RTE 1 BOX 784 #A1
TRENTON FL 32693

RTE 1 BOX 784 #A1
TRENTON FL 32693

3. Date Incorporated or Qualified
08/20/1986

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

21 8231 NW 167 PLACE

Suite, Apt. #, etc.

22 City & State

23 FANNING SPRINGS ANNEX

Zip

24 32693

Country

25 LEVY

2a. Mailing Address

26 8231 NW 167 PLACE

Suite, Apt. #, etc.

27 City & State

28 TRENTON FL

Zip

29 32693

Country

30 LEVY

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

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

TITLE MD
NAME HINKLE, LOWELL
STREET ADDRESS RT 1 BOX 468
CITY-ST-ZIP TRENTON FL

☐ DELETE

TITLE TD
NAME ASHWORTH, JAMES
STREET ADDRESS PO BOX 649 N/A
CITY-ST-ZIP CHIEFTLAND FL

☒ DELETE

TITLE TD
NAME TAYLOR, WOODROW
STREET ADDRESS RR 1 BOX 482 N/A
CITY-ST-ZIP TRENTON FL

☒ DELETE

TITLE PD
NAME CLARK, HEBERT
STREET ADDRESS RT. 1, BOX 1027-D
CITY-ST-ZIP CHIEFTLAND FL

☐ DELETE

TITLE TD
NAME CLARKE, ROBERT
STREET ADDRESS P. O. BOX 1745 N/A
CITY-ST-ZIP CHIEFLND FL

☐ DELETE

TITLE D
NAME PEARSON, RICHARD
STREET ADDRESS RT. 1, BOX 1251
CITY-ST-ZIP CHIEFLND FL

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE MD
1.2 NAME LOWELL HINKLE
1.3 STREET ADDRESS 8231 NW 167 PLACE, TRENTON FL
1.4 CITY-ST-ZIP 32693

☒ Change

☐ Addition

2.1 TITLE PD
2.2 NAME CLAUDE M KIRKLAND
2.3 STREET ADDRESS RT 3 BOX 205 OLD TOWN FL 32680
2.4 CITY-ST-ZIP

range

☒ Addition

3.1 TITLE TD
3.2 NAME JAMES E DILLARD
3.3 STREET ADDRESS PO BOX 516, TRENTON FL 32693
3.4 CITY-ST-ZIP

☐ Change

☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 700001823597
4.4 CITY-ST-ZIP -05/15/96--01141--041

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS ***61.25
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE TD
6.2 NAME FRANK NEKOLA
6.3 STREET ADDRESS RT 1 BOX 796-A1 N/A
6.4 CITY-ST-ZIP TRENTON FL 32693

☐ Change

☒ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/96

352-463-2838

CR2E037 (12/95)