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Mar 04 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 MOOSE, INC.



Principal Place of Business

Mailing Address

8231 NW 167 PLACE
FANNING SPRINGS ANNEX FL 32693

8231 NW 167 PLACE
TRENTON FL 32693-7540

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

08/20/1986

3a. Date of Last Report

05/15/1996

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE MD ☒ DELETE
NAME HINKLE, LOWELL
STREET ADDRESS 8231 NW 167 PLACE
CITY-ST-ZIP FANNING SPRINGS ANNEX FL 32693

1.1 TITLE MD ☐ Change ☒ Addition
1.2 NAME SHELBY F MCKINNEY
1.3 STREET ADDRESS 7950mx NW 167 PLACE
1.4 CITY-ST-ZIP TRENTON FL 32693

TITLE PD ☒ DELETE
NAME KIRKLAND, CLAUDE M.
STREET ADDRESS RT. 3 BOX 205 N/A
CITY-ST-ZIP OLD TOWN FL 32680

2.1 TITLE TD ☐ Change ☐ Addition
2.2 NAME CAROL R McDONALD
2.3 STREET ADDRESS PO BOX 665 n/a
2.4 CITY-ST-ZIP OLD TOWN FL 32680

TITLE TD ☐ DELETE
NAME DILLARD, JAMES E.
STREET ADDRESS PO BOX 516 N/A
CITY-ST-ZIP TRENTON FL 32693

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME NEKOLA, FRANK
STREET ADDRESS RT. 1, BOX 798-A1
CITY-ST-ZIP TRENTON FL 32693

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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:

Herbert E. Clark Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HERBERT E CLARK JR

2/25/97

Date

Daytime Phone # 0011885

CR2E037 (9/96)