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Apr 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002811 (7)**

1. Corporation Name

**MANATEE MOOSE LEGION NO. 58, INC.**



Principal Place of Business

Mailing Address

**1278 MCNEIL ROAD  
NO FT MYERS FL 33903**

**1278 MCNEIL ROAD  
NO FT MYERS FL 33903-3509**

3. Date Incorporated or Qualified  
**06/01/1994**

3a. Date of Last Report  
**04/19/1996**

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**

Country

**29**

**30**

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S 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 **PD** ☒ DELETE  
NAME **GODDARD, EVERETT J.**  
STREET ADDRESS **3480 3RD AVE**  
CITY-ST-ZIP **NAPLES FL 20**

1.1 TITLE **D** ☒ Change ☐ Addition  
1.2 NAME **LEONHARDT, ROBERT**  
1.3 STREET ADDRESS **1419 Hunt Dale ST. E.**  
1.4 CITY-ST-ZIP **LEHIGH ACRES, FL 33936-5824**

TITLE **D** ☐ DELETE  
NAME **FISCHER, EDWARD**  
STREET ADDRESS **3106 SURFSIDE BLVD**  
CITY-ST-ZIP **CAPE CORAL FL 70**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE  
NAME **WILLIN, ROBERT F**  
STREET ADDRESS **1278 MCNEIL RD**  
CITY-ST-ZIP **N FT MYERS FL**

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

TITLE **D** ☐ DELETE  
NAME **HEDRICK, PAUL**  
STREET ADDRESS **528 BERTHOUD ST**  
CITY-ST-ZIP **PT CHARLOTTE FL 12**

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

TITLE **D** ☒ DELETE  
NAME **DENISON, CARL R.**  
STREET ADDRESS **10268 SW JUDY AVE**  
CITY-ST-ZIP **ARCADIA FL**

5.1 TITLE **D** ☒ Change ☐ Addition  
5.2 NAME **ROSSI MARR**  
5.3 STREET ADDRESS **4356 - 23RD PLACE SW**  
5.4 CITY-ST-ZIP **NAPLES, FL. 33999**

TITLE **D** ☐ DELETE  
NAME **INSOGNA, NICHOLAS A.**  
STREET ADDRESS **9865 SPYGLASS CT**  
CITY-ST-ZIP **N FT MYERS FL**

6.1 TITLE **PD** ☐ Change ☒ Addition  
6.2 NAME **INSOGNA, NICHOLAS A.**  
6.3 STREET ADDRESS **9865 SPYGLASS CT**  
6.4 CITY-ST-ZIP **N FT MYERS FL 33903**

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 *[Signature]* DATE *[Date]*

CP2E037 (9/96)