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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified

08/20/1986

4. FEI Number

59-2697716

Applied For

Not Applicable

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

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

Shelby McKinney

82 Street Address (P.O. Box Number is Not Acceptable)

7950 N.W. 167 PL

83

Trenton

84 City

FL 85 Zip Code 32693

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

Shelby J. McKinney

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	MD	<input type="checkbox"/> DELETE
NAME	MCKINNEY, SHELBY	
STREET ADDRESS	7950MX NW 167 PLACE	
CITY-ST-ZIP	TRENTON FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCDONALD, CAROL	
STREET ADDRESS	PO BOX 665 N/A	
CITY-ST-ZIP	OLD TOWN FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DILLARD, JAMES E.	
STREET ADDRESS	PO BOX 516 N/A	
CITY-ST-ZIP	TRENTON FL 32693	

3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Augie Verzera	
3.3 STREET ADDRESS	Rt. 1 Box 398 J	
3.4 CITY-ST-ZIP	Bell, FL. 32619	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLARK, HEBERT	
STREET ADDRESS	RT. 1, BOX 1027-D	
CITY-ST-ZIP	CHIEFTLAND FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CLARKE, ROBERT	
STREET ADDRESS	P. O. BOX 1745 N/A	
CITY-ST-ZIP	CHIEFLND FL	

5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	George Faunce	
5.3 STREET ADDRESS	P.O. Box 998	
5.4 CITY-ST-ZIP	Trnton, FL. 32693	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	NEKOLA, FRANK	
STREET ADDRESS	RT. 1, BOX 796-A1	
CITY-ST-ZIP	TRENTON FL 32693	

6.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Richard Pearson	
6.3 STREET ADDRESS	7653 N.W. 110th. Av.	
6.4 CITY-ST-ZIP	Chiefland, FL. 32626	

14. I 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: *Shelby J. McKinney* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/98

352 463 2838

Date

Daytime Phone #

CR2E037 (10/97)