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FILED
Apr 20 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 # **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**

3. Date Incorporated or Qualified

06/01/1994

4. FEI Number

59-1662487

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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

TITLE ☐ DELETE

NAME **D LEONHARDT, ROBERT**
STREET ADDRESS **1419 HUNTDAL ST E**
CITY-ST-ZIP **LEHIGH ACRES FL**

TITLE ☐ DELETE

NAME **D FISCHER, EDWARD**
STREET ADDRESS **3108 SURFSIDE BLVD**
CITY-ST-ZIP **CAPE CORAL FL 70**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **D HEDRICK, PAUL**
STREET ADDRESS **528 BERTHOUND ST**
CITY-ST-ZIP **PT CHARLOTTE FL 12**

TITLE ☐ DELETE

NAME **D ROSSI, MARR**
STREET ADDRESS **4356 - 23RD PL, SW**
CITY-ST-ZIP **NAPLES FL**

TITLE ☒ DELETE

NAME **PD INSOGNA, NICHOLAS A.**
STREET ADDRESS **9885 SPYGLASS CT**
CITY-ST-ZIP **N FT MYERS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D ROGER TERLUNEN
5311 GLEN ECHO AVE
SARASOTA FL 34234

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:

Robert D. Leonhardt

4/14/98

941.574.7751

CR2E037 (10/97)