

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 735245 (3)**  
1. Corporation Name  
**ORLANDO LODGE NO. 766 LOYAL ORDER OF MOOSE, INC.**



Principal Place of Business  
**5001 N. ORANGE BLOSSOM TRL.  
ORLANDO FL 32810**

Mailing Address  
**5001 N. ORANGE BLOSSOM TRL.  
ORLANDO FL 32810**

3. Date Incorporated or Qualified  
**03/12/1976**

4. FEI Number  
**59-0338210**

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	28 Zip
24 Country	29 Country
25	30

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

**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	<b>FL</b>
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	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MONSE, MICHAEL C</b>
STREET ADDRESS	<b>6508 POPE RD</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>CHAMPION, MICHAEL</b>
STREET ADDRESS	<b>3129 EAGLE BLVD APT B</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HERMAN, KENNETH J</b>
STREET ADDRESS	<b>2800 EDGEWATER DR</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>REFFNER, JAMES G</b>
STREET ADDRESS	<b>130 OAK ST</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>HAMMOND, DONALD G</b>
STREET ADDRESS	<b>5001 N ORANGE BLOSSOM TR</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>RICHARDS, GARY C</b>
STREET ADDRESS	<b>6556B CENTERWALK DR</b>
CITY-ST-ZIP	<b>WINTER PARK FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Champion, Micheal</b>
1.3 STREET ADDRESS	<b>3129 B Eagle Blvd.</b>
1.4 CITY-ST-ZIP	<b>Orlando, FL. 32404</b>
2.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Brown, D. Marvin</b>
2.3 STREET ADDRESS	<b>5519 Lunsford Dr.</b>
2.4 CITY-ST-ZIP	<b>Orlando, FL. 32818</b>
3.1 TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Feehan, James</b>
3.3 STREET ADDRESS	<b>3000 Clarcona Rd. Lot #103</b>
3.4 CITY-ST-ZIP	<b>Apopka, FL. 32703</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>James H. Jeffcoat</b>
6.3 STREET ADDRESS	<b>1326 Kurume Ct.</b>
6.4 CITY-ST-ZIP	<b>Orlando, FL 32818</b>

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: Donald G. Hammond** *Donald G. Hammond* 4/27/98 407-295-4270

CP2E037 (10/97)