


FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90011 022 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N16425

1. Corporation Name

SUWANNEE RIVER LODGE NO. 325 LOYAL ORDER OF MOOS E. INC.

Principal Place of Business

8231 NW 167 PLACE
 FANNING SPRINGS ANNEX FL 32693

Mailing Address

8231 NW 167 PLACE
 TRENTON FL 32693



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		28		08/20/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2697716	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution	
24		25		29	
26		30		31	

9. Name and Address of Current Registered Agent

MCKINNEY, SHELBY
7950 NW 167TH PL
TRENTON FL 32693

10. Name and Address of New Registered Agent

81 Name **HERBERT CLARK**
 82 Street Address (P.O. Box Number is Not Acceptable)
9043 N W 128TH COURT
 83 **CHIEFLAND, FL 32626**
 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

Herbert Clark Jr
 Signature of person or persons of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-30-99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	MD	1.1 TITLE	P
NAME	MCKINNEY, SHELBY	1.2 NAME	BERNARD ANDERSON
STREET ADDRESS	7950MX NW 167 PLACE	1.3 STREET ADDRESS	HC 2 BOX 747
CITY-ST-ZIP	TRENTON FL	1.4 CITY-ST-ZIP	OLD TOWN, FL 32680
TITLE	TD	2.1 TITLE	V
NAME	MCDONALD, CAROL	2.2 NAME	TONY MURPHY
STREET ADDRESS	PO BOX 665 N/A	2.3 STREET ADDRESS	P O BOX 2348
CITY-ST-ZIP	OLD TOWN FL	2.4 CITY-ST-ZIP	CHIEFLAND, FL 32644
TITLE	TD	3.1 TITLE	ST
NAME	VERZERA, AUGIE	3.2 NAME	KENNY GRAWCOCK
STREET ADDRESS	RT 1 BOX 398 J	3.3 STREET ADDRESS	P O BOX 589
CITY-ST-ZIP	BELL FL 32619	3.4 CITY-ST-ZIP	TRENTON, FL 32693
TITLE	PD	4.1 TITLE	TR
NAME	HERBERT, CLARK	4.2 NAME	WOODROW TAYLOR
STREET ADDRESS	RT 1 BOX 1027-D	4.3 STREET ADDRESS	7633 N W 168TH LANE
CITY-ST-ZIP	CHIEFLND FL 32693	4.4 CITY-ST-ZIP	TRENTON, FL 32693
TITLE	TD	5.1 TITLE	TR
NAME	FAUNCE, GEORGE	5.2 NAME	ROBERT MCMULLEN
STREET ADDRESS	P O BOX 898	5.3 STREET ADDRESS	11496 N W 113TH ST
CITY-ST-ZIP	TRENTON FL 32693	5.4 CITY-ST-ZIP	CHIEFLAND, FL 32626
TITLE	TD	6.1 TITLE	TR
NAME	PEARSON, RICHARD	6.2 NAME	RICHARD JARVIS
STREET ADDRESS	7653 NW 110TH AVE	6.3 STREET ADDRESS	7830 N W 167TH PLACE
CITY-ST-ZIP	CHIEFLND FL 32626	6.4 CITY-ST-ZIP	TRENTON, FL 32644

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Herbert Clark Jr **REQUIRE** *Herbert Clark Jr* 3/30/99 352-493-1212
Bernard Anderson **Bernard Anderson** 352-493-4263

CR2E037 (1/1/98)