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**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90139 036 \*\*\*\*70.00

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 735245**

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**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

**03/12/1976**

4. FEI Number

**59-0338210**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution



**\$5.00 May Be  
Added to Fees**

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 **P** ☒ DELETE  
NAME **CHAMPION, M**  
STREET ADDRESS **3129 B EAGLE BLVD**  
CITY-ST-ZIP **ORLANDO FL 32404**

TITLE **V** ☐ DELETE  
NAME **BROWN, D M**  
STREET ADDRESS **5519 LUNSFORD DR**  
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **T** ☒ DELETE  
NAME **FEEGABM H**  
STREET ADDRESS **3000 CLARCONA RD, LT 103**  
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **D** ☐ DELETE  
NAME **REFFNER, JAMES G**  
STREET ADDRESS **130 OAK ST**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE **SD** ☒ DELETE  
NAME **HAMMOND, DONALD G**  
STREET ADDRESS **5001 N ORANGE BLOSSOM TR**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE  
NAME **JEFFCOAT, J H**  
STREET ADDRESS **1326 KURUME CT**  
CITY-ST-ZIP **ORLANDO FL 32818**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition  
1.2 NAME **Brown, D. Marvin**  
1.3 STREET ADDRESS **5519 Lunsford Dr.**  
1.4 CITY-ST-ZIP **Orlando, FL 32818**

2.1 TITLE **V** ☐ Change ☐ Addition  
2.2 NAME **Jeffcoat, Jim H.**  
2.3 STREET ADDRESS **1326 Kurume Ct.**  
2.4 CITY-ST-ZIP **Orlando, FL 32818**

3.1 TITLE **T** ☐ Change ☐ Addition  
3.2 NAME **Reffner, James G.**  
3.3 STREET ADDRESS **5001 (Rear) N.O.B.T.**  
3.4 CITY-ST-ZIP **Orlando, FL 32810**

4.1 TITLE **D** ☐ Change ☒ Addition  
4.2 NAME **Dean, Bobby**  
4.3 STREET ADDRESS **6332 All American Blw**  
4.4 CITY-ST-ZIP **Orlando, FL 32810**

5.1 TITLE **SD** ☐ Change ☒ Addition  
5.2 NAME **Spilde, Douglas**  
5.3 STREET ADDRESS **606 Coral Glen Loop #105**  
5.4 CITY-ST-ZIP **Altamonte Springs, FL 32714**

6.1 TITLE **D** ☐ Change ☒ Addition  
6.2 NAME **Herman, Kenneth**  
6.3 STREET ADDRESS **3625 Tarpon Dr.**  
6.4 CITY-ST-ZIP **Orlando FL 32810**

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 407-295-4270  
Date Daytime Phone #

CR2E037 (11/98)