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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90196 039 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 749877

1. Corporation Name

**CLEARWATER LODGE NO. 1030, LOYAL ORDER OF MOOSE,
INC.**

Principal Place of Business
150 MCMULLEN BOOTH ROAD
CLEARWATER FL 34619

Mailing Address
150 MCMULLEN BOOTH ROAD
CLEARWATER FL 34619



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/21/1979

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-0611296

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip

Country

28 Zip

Country

33759

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME S
HARRINGTON, DONALD H
STREET ADDRESS 150 MC MULLEN BOOTH RD
CITY-ST-ZIP CLEARWATER FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME S
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME P
ZOANETTE, VICTOR
STREET ADDRESS 247 MCMULLEN BOOTH ROAD
CITY-ST-ZIP CLEARWATER FL 33759

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME P
MURPHY, KENNETH
2.3 STREET ADDRESS 2808 ANDERSON DR N
2.4 CITY-ST-ZIP CLEARWATER FL 33761

TITLE ☒ DELETE
NAME VD
WILHITE, FREDERICK T
STREET ADDRESS 1327 MARJOHN AVE
CITY-ST-ZIP CLEARWATER FL 33756

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME VD
HOLBACH, JOHN F
3.3 STREET ADDRESS 2803 GULF TO BAY BLVD
3.4 CITY-ST-ZIP CLEARWATER FL 33759

TITLE ☒ DELETE
NAME D
MURPHY, KENNETH
STREET ADDRESS 2808 ANDERSON DRIVE NORTH
CITY-ST-ZIP CLEARWATER FL 33761

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME D
KELLY, JOHN H
4.3 STREET ADDRESS 3432 ST RD 580 # 232
4.4 CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE ☒ DELETE
NAME D
KONCEWICZ, STANLEY
STREET ADDRESS 2165 GULF TO BAY BLVD #434
CITY-ST-ZIP CLEARWATER FL 33765

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME D
PACHUCKI, GARY R
5.3 STREET ADDRESS 29141 US 19 N LOT 122
5.4 CITY-ST-ZIP CLEARWATER FL 34621

TITLE ☐ DELETE
NAME TD
LEE, MARSH E
STREET ADDRESS 1325 BYRON DRIVE
CITY-ST-ZIP CLEARWATER FL 33756

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

REQUIRED

4-28-99

Date

727-791-9214

Daytime Phone #

CR2E037 (11/98)