

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 715372

**FILED**  
**Apr 29, 2022**  
**Secretary of State**  
**3232127088CC**

**Entity Name:** FORT WALTON BEACH LODGE NO. 2193, LOYAL ORDER OF MOOSE, INC.

**Current Principal Place of Business:**

215 GREEN ACRES RD  
FT. WALTON BEACH FL 32547

**Current Mailing Address:**

215 GREEN ACRES RD  
FT. WALTON BEACH FL 32547 US

**FEI Number: 59-1361953**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

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

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title ADMINISTRATOR  
Name MCLEAN, EUGENE B  
Address 270 DESTIN DR  
City-State-Zip: MARY ESTHER FL 32569

Title PRELATE  
Name CROSSON, RHONDA  
Address 134 BEACH DRIVE  
City-State-Zip: FT WALTON BCH FL 32547

Title TRUSTEE  
Name SOMERDER, PHYLLIS  
Address 1792 AUTUMN LANE  
City-State-Zip: FORT WALTON BEACH FL 32547

Title VP  
Name BEYER, WAYNE  
Address 332 WOODROW ST  
APT 3  
City-State-Zip: FTWALTON BCH FL 32547

Title PRESIDENT  
Name HOLLINGSWORTH, MICHAEL  
Address 4 MIRACLE DR  
City-State-Zip: MARY ESTHER FL 32569

Title TRUSTEE  
Name SULLIVAN, WAYNE  
Address 8365 FORT WORTH ST  
City-State-Zip: NAVARRE FL 32566

Title TRUSTEE  
Name QUILES, JUAN  
Address 711 MARY AVE  
City-State-Zip: FT WALTON BCH FL 32547

Title TREASURE  
Name WOODWARD, PAM  
Address 1792 AUTUMN LANE  
City-State-Zip: FT. WALTON BEAH FL 32547

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: EUGENE B MCLEAN**

**ADMINISTRATOR**

**04/29/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            SARGENT AT ARMS  
Name            LONG, RONNIE  
Address        1120 BRIDLEWOOD PATH  
City-State-Zip: FORT WALTON BEACH FL 32547

Title            INNER GUARD  
Name            HARRIMAN, CHRIS  
Address        25 W AUDREY DR  
City-State-Zip: FORT WALTON BEACH FL 32548