

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735245

Entity Name: ORLANDO LODGE NO. 766 LOYAL ORDER OF MOOSE, INC.**Current Principal Place of Business:**5001 N. ORANGE BLOSSOM TRL.
ORLANDO, FL 32810**Current Mailing Address:**5001 N. ORANGE BLOSSOM TRL.
ORLANDO, FL 32810**FEI Number: 59-0338210****Certificate of Status Desired: No****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 PRESIDENT
Name KEEL, DANNY
Address 4803 EDGWATER DR
 4359 WORTH ST
City-State-Zip: ORLANDO FL 32810

Title OFFICER
Name MILLWATER, EDWARD
Address 924 TIMOR AVE
City-State-Zip: ORLANDO FL 32804

Title OFFICER
Name BORUCH, JOHN
Address 2035 WHITE OAK LN
City-State-Zip: ZELLWOOD FL 32798

Title OFFICER
Name LEE ATKINS
Address 3521 CLARCONA RD
City-State-Zip: APOPKA FL 32703-9794

Title SECRETARY
Name ONEAL, DAN
Address 211 MARGARET RD
City-State-Zip: SANFORD FL 32771

Title VP
Name HOYT, BILL
Address 19317 PEABODY ST
City-State-Zip: ORLANDO FL 32833

Title TREASURER
Name BENSON, CHARLES
Address 1817 BLUFF OAK ST
City-State-Zip: APOPKA FL 32712

Title OFFICER
Name DOTZERT, COREY
Address 6821 MOORHEN CIR
City-State-Zip: ORLANDO FL 32810

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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: DAN ONEAL**SECRETARY****04/20/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	OFFICER
Name	GOMEZ, JAMES
Address	3000 CLARCONA RD LOT204
City-State-Zip:	APOPKA FL 32703