

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000000793

**FILED**  
**Jun 04, 2020**  
**Secretary of State**  
**4115155639CC**

**Entity Name:** INDIAN RIVER MOOSE LEGION NO. 178, INC.

**Current Principal Place of Business:**

5001 NORTH O.B.T.  
ORLANDO, FL 32810

**Current Mailing Address:**

5001 N ORANGE BLOSSOM TRL  
ORLANDO, FL 32810 US

**FEI Number: 23-7395688**

**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 SECRETARY  
Name O'NEAL, DAN C  
Address 211 MARGARET RD  
City-State-Zip: SANFORD FL 32771

Title DIRECTOR  
Name HUSTED, DOUG  
Address 190 E OLMSTEAD DR  
APT F-5  
City-State-Zip: TITUSVILLE FL 32780

Title PRESIDENT  
Name CASTLE, MARC  
Address 653 ROLFE ST  
City-State-Zip: KISSIMMEE FL 34741

Title DIRECTOR  
Name GLOVER, STEVEN  
Address 3625 S. SUMMERLIN AVE  
City-State-Zip: ORLANDO FL 32806

Title VP  
Name BEVER, JAMES  
Address 1051 TAWNEY EAGLE DR  
City-State-Zip: GROVELAND FL 34736

Title DIRECTOR  
Name LARSON, TIM  
Address 1943 GREEN MEADOW LN  
City-State-Zip: ORLANDO FL 32825

Title DIRECTOR  
Name TONY, GUZMAN  
Address 3759 GRANDEWOOD BLVD APT 330  
City-State-Zip: ORLANDO FL 32837-7351

*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 O'NEAL**

**SECRETARY**

**06/04/2020**

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

\_\_\_\_\_  
Date