

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-29-2002 93644 043 ****61.25

37397



DO NOT WRITE IN THIS SPACE

DOCUMENT # 724060

1. Entity Name

MANDARIN LODGE NO. 42, LOYAL ORDER OF MOOSE, INC

Principal Place of Business

Mailing Address

4450 LOSCO ROAD
 P O BOX 24596
 JACKSONVILLE FL 32241

4450 LOSCO ROAD
 P O BOX 24596
 JACKSONVILLE FL 32241

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1400997

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEXIS DOCUMENT SERVICES
 3953 WW KELLEY RD
 TALLAHASSEE FL 32311

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution

\$5.00, May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

S
 CHESSA, WALT II
 4517 N CROSSTIE DRIVE
 JACKSONVILLE FL 32257

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D Governor
 Terry Cochran Sr
 11001 Old St Augustine
 Jacksonville, Fl. 32257

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

P
 SMITH, GARY D
 11841 MANDARIN RD
 JACKSONVILLE FL 32223

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D JR PAST GOVERNOR
 LEE KNAPP
 4013 CUMBERIAN CARGOES LN
 JACKSONVILLE, FL 32257

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

T
 EWING, WALT
 4259 PHILLIPS WAY, #41
 JACKSONVILLE FL 32207

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D JUNIOR GOVERNOR
 DAVID F HAUCK
 8899 WINDRIDGE CRT
 JACKSONVILLE, FL 32257

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

T
 THURSTON, GUY
 1670 ANTLER TRAIL SOUTH
 JACKSONVILLE FL 32234

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PRELATE
 GREGORY J. HANCOCK
 11027 PEPPERMILL LANE
 JACKSONVILLE, FL 32257

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

T
 VIETOR, TIMOTHY J
 4737 CLOVERHILL CIR S
 JACKSONVILLE FL 32257

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

T TRUSTEE
 JASON ADAIR
 3699 CAROL ANN LANE
 JACKSONVILLE, FL 32223

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
 RICKET, RONALD
 3413 KILLARNEY DRIVE
 JACKSONVILLE FL 32216

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

ADMINISTRATOR
 WILLIAM A. ROACH
 4450 LOSCO RD
 JACKSONVILLE, FL 32241

Change Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WALTER L. ROACH
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSEPH L. CLEVENGER

Joseph L. Clevenger
 05-21-02
 904-268-5614

CR2037 (9/01)