## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## **DOCUMENT # 724060**

1. Entity Name

MANDARIN LODGE NO. 42, LOYAL ORDER OF MOOSE,



Jul 26, 2004 8:00 am Secretary of State 07-26-2004 90003 037 \*\*\*\*61.25

**FILED** 

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

**ウェクロネしの**表

Second Part											### <b>#</b> ### ############################	11 B   B     B B	
City & State  Country  City & State  Country  City & State  Country  Country  City  Country  City  S. Certificate of Status Desired  T. Name and Address of New Registered Agent  T. Name and Address of New Registered Agent  Served Address (P.O. Box Number is Not Acceptable)  FL	2. Principal Place of Business			3. Mailing	3. Mailing Address								
Signature   Security   Signature   Security   Signature   Security   Signature   Security   Signature   Security   Securi	Suite, Apt.	#, etc.		Suite,	Suite, Apt. #, etc.				MOORE CR2E037 (11/03)				
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and active and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and active and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and active and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and active and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and active and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and active and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and active and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and active and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and active and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and active and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and active and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and active and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and active and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and active and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and active and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and active and the obligation	City & State			City &	City & State				59-1400997	,	<b>———</b>	plied For t Applicable	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and ac the obligations of registered agent and file if applicable.  SIGNATURE  Signature required when reliability  FILE NOW: FEE IS \$61,25  Due By May 1, 2004  9. Election Campaign Financing Trust Fund Contribution.  Diede Trust Fund Contribution.  CLEVENGER, JOSEPH L 1833 AUTUMNBROOK IN 111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  FINE NAME 1833 AUTUMNBROOK IN 1100 I CLD ST SUGUSTINE RD APT 1007 1010 I CLD ST AUGUSTINE	Zip Country Zip					Country			Status Desired				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and ac the obligations of registered agent agent and size applicable.  (NOTE Registered Agent agranter requires when refusaling)  PILE NOW: FEE IS \$61.25  Due By May 1, 2004  9. Election Campaign Financing Trust Fund Contribution.  3. Signature requires when refusaling.  Added to Fees  Poughter yield on principal agent and like applicable.  (NOTE Registered Agent agranter requires when refusaling)  DATE  FILE NOW: FEE IS \$61.25  Due By May 1, 2004  9. Election Campaign Financing Trust Fund Contribution.  Delete  TILE SCHEMBER, JOSEPH L 1833 AUTUMNIBROOK IN 1933 AUXIMNIBROOK IN 1934 ACKSONVILLE FL 32257  ITHE 1944 AUXIMNIBROOK IN 1954 AUXIMNIBROOK IN 1954 AUXIMNIBROOK IN 1954 AUXIMNIBROOK IN 1955 AUXIMNIBROOK IN 1955 AUXIMNIBROOK IN 1956 Change AVXIMNIBROOK IN 1956 Change AVXIMNIBROOK IN 1957 AUXIMNIBROOK IN 1958 AUXIMNIBROOK	6. Name and Address of Current Registered Agent							7. Name and A	ddress of New R	egistered /	Agent		
STREET ADDRESS CITY ST. 29  CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  Date  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent.  In Expensive or registered agent, or both, in the State of Flo													
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. Tam familiar with, and act the obligations of registered agent.  SIGNATURE    3	1200 SOUTH PINE ISLAND ROAD												
SIGNATURE  SIGNATURE  FILE NOW: FEE IS \$61.25  Due By May 1, 2004  10. OFFICERS AND DIRECTORS  TRUST FUND CONTROLLION.  STREET ADDRESS  OCHY-ST-2P  TITLE  NAME  STREET ADDRESS  OTY-ST-2P  TITLE  NAME  STREET ADDRESS  OTY-ST-2P  TITLE  NAME STREET ADDRESS  OTY-ST-2P  TITLE  NAME STREET ADDRESS  OTY-ST-2P  TITLE  NAME STREET ADDRESS  OTY-ST-2P  TITLE  NAME STREET ADDRESS  OTY-ST-2P  TITLE NAME STREET ADDRESS  OTY-ST-2P  TOTAL NAME STREET ADDRESS  O						City					L Zip Code		
FILE NOW: FEE IS \$61.25 Due By May 1, 2004  Trust Fund Contribution.  The STREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-ST-2P  TACKSONVILLE FL 32259  TITLE NAME STREET ADDRESS CITY-ST-2P  TOTAL STREET ADDRESS CITY-ST-2P  TOTAL NAME STREET ADDRESS C				for the purpose	of changing its re	egistered of	fice or regist	ered agent, or both,	in the State of Flo	orida. Lam	familiar with,	and accept	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004  Trust Fund Contribution.  The STREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-ST-2P  TACKSONVILLE FL 32259  TITLE NAME STREET ADDRESS CITY-ST-2P  TOTAL STREET ADDRESS CITY-ST-2P  TOTAL NAME STREET ADDRESS C												Ì	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  SIRET ADDRESS CITY-ST-2IP INTE NAME SIRET ADDRESS SIRET ADDRESS TO OFFICERS AND DIRECTORS IN 10  COCHRAN, TERRY SR I1001 OLD ST SUGUSTINE RD APT 1007 JACKSONVILLE FL 32257  ITTLE NAME SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS CITY-ST-2IP ITTLE NAME SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS CITY-ST-2IP ITTLE NAME SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS CITY-ST-2IP ITTLE NAME SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS CITY-ST-2IP ITTLE NAME SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS CITY-ST-2IP ITTLE NAME SIRET ADDRESS SIRET ADDR	SIGNATURE	Stonature types	To printed name of registered age	nt and title it applicab	nie (NOTE:	Registered Agen	at signature requir	red when reinstating)		DATE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP JACOBS, JERRY JACOSS, JACOSS, JACOSS, JACOSS, JACOSS, JACOSS, JACOSS, JACOSS, JACOSS, JACO		FILE NOW	/: FEE IS \$61.25 / May 1, 2004		9. Election Camp	paign Financ	cing _	<b>\$5.00</b> May Be					
NAME STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP  COCHRAN, TERRY SR I1001 OLD ST SUGUSTINE RD APT 1007 JACKSONVILLE FL 32257  ITILE NAME STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32257  ITILE NAME STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS CI	10.	**	🤳 OFFICERS AND D	HRECTORS		11.		ADDITIONS/CHAN	NGES TO OFFICE	RS AND DI	RECTORS IN	10	
NAME STREET ADDRESS CITY-ST-ZIP  TILE TACKSONVILLE FL 32257  TILE NAME STREET ADDRESS CITY-ST-ZIP  TILE TACKSONVILLE FL 32259  TILE TACKSONVILLE FL 32259  TILE TACKSONVILLE FL 32259  TILE TACKSONVILLE FL 32259  TILE NAME STREET ADDRESS CITY-ST-ZIP  TILE TACKSONVILLE FL 32259  TILE TACKSONVILLE FL 32257  TILE TACKSONVILLE FL 32257  TILE	NAME STREET ADDRESS	1833 AUT	UMNBROOK LN		X Delete	NAME Street add	10			7	Change .	Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE  TITLE  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  TITLE  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  TITLE  NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	11001 OLI	D ST SUGUSTINE RD	APT 1007	☐ Delete	NAME STREET ADD					☐ Change	Addition .	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	1532 STR	ATFORD CT	mar e nigir	Delete	NAME STREET ADI					Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE    MARNAGE, RICHARD   NAME   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP	NAME STREET ADDRESS	11001 O៤	D ST AUGUSTINE RD	APT 1007	☐ Delete	NAME Street add					☐ Change	☐ Addition	
TITLE CAVOORES, TED Delete TITLE TO COST	NAME STREET ADDRESS	10973 PEF	RCHERON DR		Delete	name Street add	i				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP  CAVOORES, TED 4263 LOSCO RD APT 613 STREET ADDRESS CITY-ST-ZIP  NAME 3891 WINDRINGE Ct. STREET ADDRESS CITY-ST-ZIP  TACKSONVILLE FL 32257	NAME STREET ADDRESS	4263 LOS	CO RD APT 613		Delete	name Street adi	DRESS 389	im Cust 91 Windring cksonville F	GE Cf. L 32257		<b>⊠</b> Change	Addition	

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.

JONATHAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 7-21-04

904 535-6298

Daytime Phone #