

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

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90003 037 ****61.25

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

07009709



MOORE CR2E037 (11/03)

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME: **S CLEVENGER, JOSEPH L** Delete
STREET ADDRESS: 1833 AUTUMNBROOK LN
CITY-ST-ZIP: JACKSONVILLE FL 32259

TITLE NAME: **S JONATHAN A. CASE** Change Addition
STREET ADDRESS: 4686 Golden Spike Ct.
CITY-ST-ZIP: JACKSONVILLE FL 32257

TITLE NAME: **P COCHRAN, TERRY SR** Delete
STREET ADDRESS: 11001 OLD ST SUGUSTINE RD APT 1007
CITY-ST-ZIP: JACKSONVILLE FL 32257

TITLE NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE NAME: **T JACOBS, JERRY** Delete
STREET ADDRESS: 1532 STRATFORD CT
CITY-ST-ZIP: JACKSONVILLE FL 32259

TITLE NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE NAME: **T COCHRAN, TERRY JR** Delete
STREET ADDRESS: 11001 OLD ST AUGUSTINE RD APT 1007
CITY-ST-ZIP: JACKSONVILLE FL 32257

TITLE NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE NAME: **T HARNAGE, RICHARD** Delete
STREET ADDRESS: 10973 PERCHERON DR
CITY-ST-ZIP: JACKSONVILLE FL 32257

TITLE NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE NAME: **T CAVOORES, TED** Delete
STREET ADDRESS: 4263 LOSCO RD APT 613
CITY-ST-ZIP: JACKSONVILLE FL 32257

TITLE NAME: **T Jim Cust** Change Addition
STREET ADDRESS: 3891 WINDRIDGE Ct.
CITY-ST-ZIP: JACKSONVILLE FL 32257

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:

[Signature]
JONATHAN A. CASE

7-21-04

904 535-6298

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #