

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90264 033 ****70.00

DOCUMENT # 724060

1. Entity Name
MANDARIN LODGE NO. 42, LOYAL ORDER OF MOOSE, INC



Principal Place of Business

**4450 LOSCO ROAD
P O BOX 24596
JACKSONVILLE FL 32241**

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number **59-1400997**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**LEXIS DOCUMENT SERVICES
3953 WW KELLEY RD
TALLAHASSEE FL 32311**

7. Name and Address of New Registered Agent

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

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

TITLE	S	<input type="checkbox"/> Delete
NAME	CLEVENGER, JOSEPH L	
STREET ADDRESS	1833 AUTUMNBROOK LN	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	P	<input type="checkbox"/> Delete
NAME	COCHRAN, TERRY SR	
STREET ADDRESS	11001 OLD ST SUGUSTINE RD APT 1007	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	T	<input type="checkbox"/> Delete
NAME	JACOBS, JERRY	
STREET ADDRESS	1532 STRATFORD CT	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	T	<input type="checkbox"/> Delete
NAME	COCHRAN, TERRY JR	
STREET ADDRESS	11001 OLD ST AUGUSTINE RD APT 1007	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ADAIR, JASON	
STREET ADDRESS	3699 CAROL ANN LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	T	<input type="checkbox"/> Delete
NAME	CAVOORES, TED	
STREET ADDRESS	4263 LOSCO RD APT 613	
CITY-ST-ZIP	JACKSONVILLE FL 32257	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD HARNAGE	
STREET ADDRESS	10973 PERC HERON DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Joseph L. Clevenger **JOSEPH L. CLEVENGER** 2/11/03 904-268-5614

CR2E037 (10/02)