

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **724867** (7)

1. Corporation Name

SEBRING LODGE NO 2259 LOYAL ORDER OF MOOSE INC



Principal Place of Business

11675 US 96
P. O. BOX 1685
SEBRING FL 33871

Mailing Address

P.O. BOX 1685
SEBRING FL 33871

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/22/1972		3a. Date of Last Report 04/28/1995	
21		26		4. FEI Number 59-1738641		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOOM, RALPH	1.2 NAME	WAYNE H BARTLETT
STREET ADDRESS	7121 ROLLING HILLS RD	1.3 STREET ADDRESS	7532 HONEYSUCKLE DR.
CITY-ST-ZIP	SEBRING FL	1.4 CITY-ST-ZIP	SEBRING FL 33870-6132
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWBERRY, CHARLES	2.2 NAME	MARLYN DRURY
STREET ADDRESS	18- 7TH ST	2.3 STREET ADDRESS	5135 ROANOKE ST.
CITY-ST-ZIP	OKEECHOBEE FL	2.4 CITY-ST-ZIP	SEBRING FL. 33870
TITLE	ED <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, J.D.	3.2 NAME	RUSSELL J BOUFFORD
STREET ADDRESS	9214 BRIDLE PATH	3.3 STREET ADDRESS	937 LAKE DRIVE
CITY-ST-ZIP	SEBRING FL	3.4 CITY-ST-ZIP	LORIDA FL. 33857-0238
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Wayne H Bartlett

WAYNE H BARTLETT 4/23/96 941-655-2517

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)