

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90002 014 ****61.25

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1. Corporation Name

**PLANT CITY LODGE NO. 1668 LOYAL ORDER OF MOOSE,
INC.**

Principal Place of Business

4573 HWY 574 W.
PLANT CITY FL 33567
US

Mailing Address

P.O. BOX 1266
PLANT CITY FL 33564
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/03/1973

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

23-7131144

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RISK, LLOYD
2425 KEYSVILLE DR
LITHIA FL 33547**

81 Name

ANDREW D. GUNTER

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

5735 W.O. GRIFFIN RD

83

PLANT CITY

84

City

PLANT CITY

FL

85 Zip Code

33566

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 *Andrew D. Gunter*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-20-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **BAKER, WILLIAM**
STREET ADDRESS **3518 LINDSEY ST**
CITY-ST-ZIP **DOVER FL 33527**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DT** ☐ DELETE
NAME **SWEENEY, RAYMOND**
STREET ADDRESS **3507 N GALLAGER RD**
CITY-ST-ZIP **PLANT CITY FL 33565**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **RISK, LLOYD**
STREET ADDRESS **2425 KEYSVILLE DR**
CITY-ST-ZIP **LITHIA FL 33547**

3.1 TITLE **D** ☒ Change ☒ Addition
3.2 NAME **GUNTER, ANDREW D**
3.3 STREET ADDRESS **5735 WO GRIFFIN RD**
3.4 CITY-ST-ZIP **PLANT CITY, FLORIDA 33566**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *Andrew D. Gunter* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-99

DATE

813-752-5617

Daytime Phone #

CR2E037 (11/98)