FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:12

DOCUMENT # 732602 (8)

1. Corporation Name

NORTH HILLSBORO LODGE NO. 1741, LOYAL ORDER OF M OOSE, INCORPORATED

Principal Place of Business	Mailing Address
8908 LAKE SUNSET DR. P. O. BOX 262301 TAMPA FL 33685-2301	8908 LAKE SUNSET DR. P. O. BOX 262301 TAMPA FL 33685-2301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1975
3a. Date of Last Report: 02/11/1994
4. FEI Number: 59-1583367 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

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	31 Name 32 Street Address (P.O. Box Number is Not Acceptable) 33 34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	GD	11 TITLE	GOVERNOR	☒ Change ☐ Addition
NAME	STEPHENSON, CHARLES	12 NAME	GARY E. MCCRACKEN	
STREET ADDRESS	12902 WORCHESTER AVE.	13 STREET ADDRESS	5713 MIDDLESEX DR.	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	TAMPA, FLORIDA 33615	
TITLE	GD	21 TITLE	TREASURER	☒ Change ☐ Addition
NAME	JONES, JOHN H.	22 NAME	LEW FERRIGNO	
STREET ADDRESS	8715 S. MEADOWVIEW CIR.	23 STREET ADDRESS	6712 HIDDEN HILLS DR.	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	TAMPA, FLORIDA 33615	
TITLE	AD	31 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	LEIBY, LARRY R	32 NAME	RALPH HILL	
STREET ADDRESS	8709 GARDNER RD	33 STREET ADDRESS	11911 CYPRESS VISTA	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	TAMPA, FLORIDA 33623	
TITLE	T	41 TITLE	TRUSTEE	☒ Change ☐ Addition
NAME	ROBERT, ANDRE	42 NAME	IRA WISTERMAN	
STREET ADDRESS	8803 RIPPLE CT	43 STREET ADDRESS	9207 PATTERSON ST.	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	TAMPA, FLORIDA 33615	
TITLE	T	51 TITLE	TRUSTEE	☒ Change ☐ Addition
NAME	MURPHY, ROBERT	52 NAME	RAY PURVIS	
STREET ADDRESS	8803 EDGEWOOD BLVD	53 STREET ADDRESS	9830 PALM WAY	
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP	TAMPA, FLORIDA 33635	
TITLE	T	61 TITLE	TRUSTEE	☒ Change ☐ Addition
NAME	HARDIE, CALVIN	62 NAME	MARTIN PIERSON	
STREET ADDRESS	3310 NASSAU ST	63 STREET ADDRESS	9618 CLUBHOUSE LANE	
CITY-ST-ZIP	TAMPA FL	64 CITY-ST-ZIP	TAMPA, FLORIDA 33635	

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)(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.

SIGNATURE: Gary E. McCracken 4/17/95 813-920-3957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0053219