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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

732602

appears in Block 12 or Block 13 if changed, or on an attachment with an

(8)

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

Principal Place of Business 2	OOSE,	OOSE, INCORPORATED							
P. O. BOX 26201 TAMPA R. 35855-201 2. Percepal Prace of Businuss 2. Musing Address 3. Date incorporated of Qualified 3. Date incorporation date incorporated of Qualified 3. Date incorporation date incorporated of Qualified 3. Date incorporation date in Qualified 3. Date incorporatio	Principal Place of Business Mailing Address								
3. Date (recorporation of Quarter) 2. Principal Place of Businuss 2. Antiling Address 3. Date (recorporation of Quarter)	P. O. BOX 2623	01	P. O. BOX 262301						
Suite, Apt. 9, etc. Suite, Apt. 9, etc.	CT, M. F. V. 2000	~						3. Date Incorporated or Qualified 3a. Date of Last Report 04/29/1975 04/25/1996	
Suite, Apt #, etc. Suite, Apt #, etc. Suite, Apt #, etc.	2. Principal Pl	ace of Business	2a. Mailir	ng Address			-		
S. Certificiae of Status Desired Fee Required Fee Required Status Desired Fee Required Status Desired Fee Required Status Desired Status Desi	21							59-158336/ Not Applicable	
20 20 20 20 20 20 20 20	Suite, Apt	#, etc.	h						
Zp	─ 1 '	9	-						
Both	23	Country			T	-			
B. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 82 Street Address (P.O. Box Number is Not Acceptable) 83 January 13324 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 list registered agent. at minimal with and accept the obligation of Section 50 Such change was authorized by the corporation submits this statement for the purpose of changing list registered agent. It is minimal with and accept the obligation of Section 50 Such Change was authorized by the corporation submits this statement for the purpose of changing list registered agent. It is minimal with and accept the obligation of Section 50 Such Change was authorized by the corporation submits this statement for the purpose of changing list registered agent. It is minimal with and accept the obligation of Section 50 Such Change was authorized by the corporation submits this statement for the purpose of changing list registered agent. It is minimal with and accept the obligation of Section 50 Such Change was authorized by the corporation submits this statement for the purpose of changing list registered agent. It is minimal with and accept the obligation of Section 50 Such Change was authorized by the corporation submits this statement for the purpose of changing list registered adjects. It is expected office or registered agent. It is statement for the purpose of changing list registered agent. It is statement for the purpose of changing list registered agent. It is statement for the purpose of changing list registered adject of the corporation submits this statement for the purpose of changing list registered agent. It is statement for the purpose of changing list registered agent. It is statement for the purpose of changing list registered agent. It is statement for the purpose of changing list registered agent. It is statement for the purpose		- -¬ ′	F-1 '			iuy			
Street Address (P.O. Box Number is Not Acceptable)	24			Agent	1301				
11. Pursuant to the provisions of Sections 617,0502 and 617 1508, Fiorals Statutes. The above-remed corporation submite this statement for the purpose of changing its registered agent. I arm familiar with, and accept the obligations of Section 617,0502 and 617 1508, Fiorals Statutes. The above-remed corporation submite this statement for the purpose of changing its registered agent. I arm familiar with, and accept the obligations of Section 617,0502 and 617 1508, Fiorals Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. STREET ADDRSS DITY 51.72 TAMPA FL 33685-2075 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15.			·····			81	Name		
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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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE	PLANTA1	TION FL 33324		83					
11. Pressant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes. the above-named corporation submits this statement for the purpose of changing list registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE D OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE D OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE D OFFICERS AND D						84	City	Fi 85 Zip Code	
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SIGNATURE Topic Control Contr	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, and accept the obligations of Section 617 0503. Florida Statutes								
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.									
TITLE D DELETE 11 TITLE Change Addition NAME MCDONALD, HAROLD 12 NAME STREET ADDRESS P.O. BOX 262075 N/A TAMPA FL 33685-2075 14 CITY-ST-ZIP THE D MOES, JOHN 22 NAME 6805 Tropical Shore TAMPA FL 33625 DELETE 31 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33625 DELETE STREET ADDRESS CITY-ST-ZIP TAMPA FL MOES CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL MOES STREET ADDRESS CITY-ST-ZIP TAMPA FL MOES MOES CITY-ST-ZIP TAMPA FL MOES CITY-ST-ZIP MOES CI	OIGHATORE _	· · · · · · · · · · · · · · · · · · ·				Ager	nt signature		
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PENNY, WILLIAM STREET ADDRESS 6805 TROPITHORE CITY-SI-ZIP TAMPA FL 14. I do 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	CITY-ST-ZIP	ODESSA FL			5.4 CI	IY-S	T - ŽIP	Tampa, Flurida 33614	
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14. I do 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	STREET ADDRESS				6.3 SI	REET	address	5611 Neal dr.	
								7ampa, 710rida 33617	
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	informatic	on indicated on this annual report or s	upplemental a	annual report is	true and a	iccu	rate and	that my signature shall have the same legal effect as if made under oath; that	

G OFFICER OR DIRECTOR