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Jan 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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 33685-23018908 LAKE SUNSET DR.  
P. O. BOX 262301  
TAMPA FL 33685-23013. Date Incorporated or Qualified  
04/29/19753a. Date of Last Report  
04/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

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

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 D ☐ DELETENAME MCDONALD, HAROLD  
STREET ADDRESS P.O. BOX 262075 N/A  
CITY - ST - ZIP TAMPA FL 33685-20751.1 TITLE ☐ Change ☐ AdditionTITLE D ☒ DELETENAME JONES, JOHN  
STREET ADDRESS 8715 S MEADOWVIEW CIR  
CITY - ST - ZIP TAMPA FL 336252.1 TITLE ☐ Change ☐ Addition2.2 NAME Wm. Penny  
2.3 STREET ADDRESS 6805 Tropical Shore  
2.4 CITY - ST - ZIP Tampa, Florida 33615TITLE D ☐ DELETENAME SHORT, JAMES  
STREET ADDRESS 9060 BAYOU DR #180  
CITY - ST - ZIP TAMPA FL3.1 TITLE ☐ Change ☐ AdditionTITLE T ☒ DELETENAME WISTERMAN, IRA  
STREET ADDRESS 9207 PATTERSON ST  
CITY - ST - ZIP TAMPA FL4.1 TITLE ☐ Change ☐ Addition4.2 NAME Dave Murray  
4.3 STREET ADDRESS 6027 W Burke st  
4.4 CITY - ST - ZIP Tampa, FloridaTITLE T ☒ DELETENAME SWETLAND, ROBERT  
STREET ADDRESS 10005 TARPON SPRINGS RD  
CITY - ST - ZIP ODESSA FL5.1 TITLE ☐ Change ☐ Addition5.2 NAME Edwin Duffy  
5.3 STREET ADDRESS 4508 Wifern  
5.4 CITY - ST - ZIP Tampa, Florida 33614TITLE T ☒ DELETENAME PENNY, WILLIAM  
STREET ADDRESS 6805 TROPITHORE  
CITY - ST - ZIP TAMPA FL6.1 TITLE ☐ Change ☐ Addition6.2 NAME Donald Thomas  
6.3 STREET ADDRESS 5611 Neal dr  
6.4 CITY - ST - ZIP Tampa, Florida 33617

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/97

(813)  
920-3357

Date

Daytime Phone # 0048348

CR2E037 (9/96)