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

APPROVED AND FILED

95 APR -4 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **744319** **(5)**

1. Corporation Name

GAINESVILLE LODGE NO. 1140, LOYAL ORDER OF MOOSE , INC.

Principal Place of Business	Mailing Address
1414 N.E. 23RD AVE P.O. BOX 234 GAINESVILLE FL 32602	1414 N.E. 23RD AVE P.O. BOX 234 GAINESVILLE FL 32602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/18/1978
3a. Date of Last Report: 02/01/1994
4. FEI Number: 59-0651892 ☐ 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 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 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	G	1.1 TITLE	GOVERNOR P	☒ Change ☐ Addition
NAME	AIKMAN, PAUL B.	1.2 NAME	EDWARD RALOSKY	
STREET ADDRESS	1010 NW 125 DR	1.3 STREET ADDRESS	PO BOX 539 N/A	
CITY-ST-ZIP	NEWBERRY FL	1.4 CITY-ST-ZIP	ORANGE SPRINGS, FL 32182	
TITLE	VD	2.1 TITLE	1ST GOVERNOR VD	☒ Change ☐ Addition
NAME	RALOSKY, EDWARD	2.2 NAME	TIMOTHY I. RAWSON	
STREET ADDRESS	P O BOX 539 N/A	2.3 STREET ADDRESS	5302 NE 39 AVE	
CITY-ST-ZIP	ORANGE SPRINGS FL	2.4 CITY-ST-ZIP	GAINESVILLE, FL 32609	
TITLE	P	3.1 TITLE	PRELATE P	☒ Change ☐ Addition
NAME	SCHWARTZ, RICHARD M.	3.2 NAME	LAWRENCE A. LUEBEN	
STREET ADDRESS	RT 1 BOX 1082	3.3 STREET ADDRESS	8401 NW 13 ST. LOT 195	
CITY-ST-ZIP	NEWBERRY FL	3.4 CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE	SD	4.1 TITLE	ADMINISTRATOR SD	☒ Change ☐ Addition
NAME	HARVEY, RAY	4.2 NAME	LOWELL H. MONK SR	
STREET ADDRESS	209 SE 49TH DR	4.3 STREET ADDRESS	2004 NW 40 TERR	
CITY-ST-ZIP	GAINESVILLE, FL 00000	4.4 CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	T	5.1 TITLE		☐ Change ☐ Addition
NAME	JENKINS, BILLY L.	5.2 NAME		
STREET ADDRESS	7118 NE 39TH ST.	5.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP		
TITLE	T	6.1 TITLE		☐ Change ☐ Addition
NAME	STEWART, JODY	6.2 NAME		
STREET ADDRESS	8401 NW 13TH ST. BOX 52	6.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	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)(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: Lowell H. Monk Lowell H. Monk Jr. 3/2/95 904-372-1128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #