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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

3. Date Incorporated or Qualified  
09/18/1978

3a. Date of Last Report  
04/04/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

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 and Location)

83 City

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 GP  
NAME RALOSKY, EDWARD  
STREET ADDRESS PO BOX 539 N/A  
CITY-ST-ZIP ORANGE SPRINGS FL

1.1 TITLE GOVERNOR G D  
1.2 NAME LUEBEN, LAWRENCE H.  
1.3 STREET ADDRESS 8401 NW 13 ST. LOT 195  
1.4 CITY-ST-ZIP GAINESVILLE, FL 32653

TITLE VD  
NAME RAWSON, TOMOTHY  
STREET ADDRESS 5202 NE 39TH AVENUE  
CITY-ST-ZIP GAINESVILLE FL

2.1 TITLE V.D. JR. GOVERNOR V D  
2.2 NAME DUANE JORDAN  
2.3 STREET ADDRESS 3213 NW 128 LANE  
2.4 CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE P  
NAME LUEBEN, LAWRENCE A  
STREET ADDRESS 8401 NW 13 STREET, LOT 195  
CITY-ST-ZIP GAINESVILLE FL

3.1 TITLE PRIVATE P  
3.2 NAME RICHARD M. SCHWARTZ  
3.3 STREET ADDRESS PO BOX 466  
3.4 CITY-ST-ZIP ALABAMA, FL 32615

TITLE SD  
NAME MOCK, LOWELL H SR.  
STREET ADDRESS 2004 NW 40TH TERRACE  
CITY-ST-ZIP GAINESVILLE, FL 00000

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

TITLE T  
NAME JENKINS, BILLY L.  
STREET ADDRESS 7116 NE 39TH ST.  
CITY-ST-ZIP GAINESVILLE FL

5.1 TITLE TRUSTEE T  
5.2 NAME REISS, KEITH D  
5.3 STREET ADDRESS Rt 1 Box 214 N/A  
5.4 CITY-ST-ZIP HAWTHORNE, FL 32640

TITLE T  
NAME STEWART, JODY  
STREET ADDRESS 8401 NW 13TH ST. BOX 52  
CITY-ST-ZIP GAINESVILLE FL

6.1 TITLE TRUSTEE T D  
6.2 NAME MCGEE HAROLD  
6.3 STREET ADDRESS 4620 NW 32nd Place  
6.4 CITY-ST-ZIP GAINESVILLE, FL 32606

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)(k), 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. MOCK  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96

352-372-2000

CR2E037 (12/95)