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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 744319

1. Corporation Name

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

Principal Place of Business

1414 N.E. 23RD AVE
P.O. BOX 234
GAINESVILLE FL 32602

Mailing Address

1414 N.E. 23RD AVE
P.O. BOX 234
GAINESVILLE FL 32602

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

09/18/1978

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

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 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

TITLE SD ☐ DELETE
NAME RALOSKY, MICHAEL T
STREET ADDRESS PO BOX 539
CITY-ST-ZIP ORANGE SPRINGS FL

TITLE PD ☒ DELETE
NAME JORDAN, DUANE
STREET ADDRESS POST OFFICE BOX 2937
CITY-ST-ZIP HIGH SPRING FL 32655

TITLE PD ☐ DELETE
NAME JENKINS, BILLY L
STREET ADDRESS 7116 NE 39 AVE
CITY-ST-ZIP GAINESVILLE FL

TITLE CD ☒ DELETE
NAME LUEBEN, LARRY
STREET ADDRESS 8401 NW 13TH STREET LOT 195
CITY-ST-ZIP GAINESVILLE FL 32653

TITLE TD ☒ DELETE
NAME ELLEMAN, HOWARD
STREET ADDRESS 1128 NW 36 DR
CITY-ST-ZIP GAINESVILLE FL

TITLE MD ☒ DELETE
NAME REISEN, KEITH D
STREET ADDRESS RT 1 BOX 214
CITY-ST-ZIP HAUTHORNE FL 32640

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE MD ☐ Change ☒ Addition
2.2 NAME RICHARD M SCHWARTZ
2.3 STREET ADDRESS PO BOX 2977
2.4 CITY-ST-ZIP HIGH SPRINGS, FL 32655

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE TD ☐ Change ☒ Addition
4.2 NAME RALPH DAVIS
4.3 STREET ADDRESS PO BOX 273
4.4 CITY-ST-ZIP WALDO, FL 32694

5.1 TITLE MD ☐ Change ☒ Addition
5.2 NAME M. E. KIRKLAND
5.3 STREET ADDRESS 4518 S.E. 1ST AVE
5.4 CITY-ST-ZIP GAINESVILLE, FL 32641

6.1 TITLE TR ☐ Change ☒ Addition
6.2 NAME CUNT BLANKENSHIP
6.3 STREET ADDRESS 3028 N.E. 19TH DRIVE
6.4 CITY-ST-ZIP GAINESVILLE, FL 32609

14. I 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, with all other like empowered.

SIGNATURE:

Michael T. Ralosky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99 (352) 372-2008

Date

Daytime Phone #

CR2E037 (1/98)