


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 21 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 745259 (2)</b> 1. Corporation Name <b>LAKELAND LODGE NO. 945, LOYAL ORDER OF MOOSE, IN C.</b>					
Principal Place of Business <b>1223 E. LAKE PARKER DRIVE LAKELAND FL 33801</b>			Mailing Address <b>1223 E. LAKE PARKER DRIVE LAKELAND FL 33801</b>		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>12/14/1978</b>	
				4. FEI Number <b>59-0541717</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>NICHOLLS, LARRY D 1346 ROWELL ST. AUBURNDALE FL 33823</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.1 TITLE				1.2 NAME			
1.3 STREET ADDRESS				1.4 CITY-ST-ZIP			
2.1 TITLE				2.2 NAME			
2.3 STREET ADDRESS				2.4 CITY-ST-ZIP			
3.1 TITLE				3.2 NAME			
3.3 STREET ADDRESS				3.4 CITY-ST-ZIP			
4.1 TITLE				4.2 NAME			
4.3 STREET ADDRESS				4.4 CITY-ST-ZIP			
5.1 TITLE				5.2 NAME			
5.3 STREET ADDRESS				5.4 CITY-ST-ZIP			
6.1 TITLE				6.2 NAME			
6.3 STREET ADDRESS				6.4 CITY-ST-ZIP			

TITLE	GD	DELETE
NAME	MELTON, J.D.	
STREET ADDRESS	2518 MCCRANIE PL.	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	DELETE
NAME	THORNTON, WILLIAM	
STREET ADDRESS	2180-B LAKEVIEW ST.	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	AD	DELETE
NAME	NICHOLLS, LARRY D	
STREET ADDRESS	1346 ROWELL ST.	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE	PD	DELETE
NAME	RABURN, JOHN	
STREET ADDRESS	2420 B TANGLEWOOD ST.	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *Sandra B. Mortham* 1-8-98 941-665-3621

CR2E037 (10/97)