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03-04-1999 90232 018 ****70.00

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745259

1. Corporation Name

**LAKELAND LODGE NO. 945, LOYAL ORDER OF MOOSE, IN
C.**

Principal Place of Business
1223 E. LAKE PARKER DRIVE
LAKELAND FL 33801

Mailing Address
1223 E. LAKE PARKER DRIVE
LAKELAND FL 33801



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

12/14/1978

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-0541717

Not Applicable

City & State

City & State

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NICHOLLS, LARRY D
1346 ROWELL ST.
AUBURNDALE FL 33823**

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 **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 **BECANGER, RAYMOND**

STREET ADDRESS **2330 INGLEWOOD ST**

CITY-ST-ZIP **LAKELAND FL 33801**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE **GD** ☒ Change ☐ Addition

1.2 NAME **Henshaw Richard Sr**

1.3 STREET ADDRESS **953 Orange St**

1.4 CITY-ST-ZIP **Lakeland FL. 33801**

2.1 TITLE **D** ☒ Change ☐ Addition

2.2 NAME **Swearengin Joe**

2.3 STREET ADDRESS **313 Delon Ct**

2.4 CITY-ST-ZIP **Auburndale FL 33823**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE **PD** ☒ Change ☐ Addition

4.2 NAME **Stange Andrew**

4.3 STREET ADDRESS **1152 Waterview Blvd W**

4.4 CITY-ST-ZIP **Lakeland FL 33801**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-99 941-665-8621

Date Daytime Phone #

CR2E037 (1/98)