2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745259

LEXIS DOCUMENT SERVICES INC.

3953 WW KELLEY ROAD

1. Entity Name

Zip

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

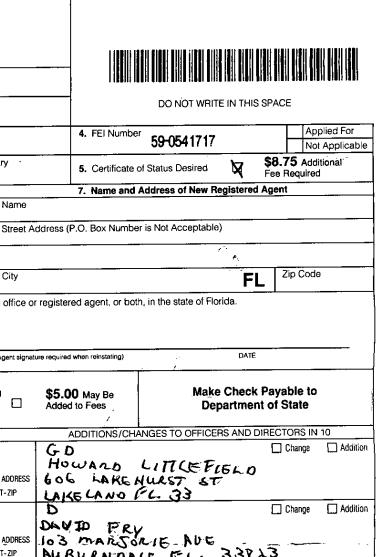
6. Name and Address of Current Registered Agent

Principal Place of Business	Mailing Address	Mailing Address			
1223 E. LAKE PARKER DRIVE LAKELAND FL 33801	1223 E. LAKE PARKER DRIVE LAKELAND FL 33801				
2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
City & State	City & State				

Zip _ - _

FILED Apr 17, 2001 8:00 am Secretary of State

04-17-2001 90079 007 ****70.00



TALLAHASSEE FL 32301		1		<u></u> _	_		
		City			Zip Code		
8. The above	named entity submits this statement fo	r the purpose of changing its req	gistered office of	registered agent, or both, in	the state of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signat	ure required when reinstating)	DATE		
	FILE NOW: FEE IS \$61.25	Election Campaign Fine Trust Fund Contribution		\$5.00 May Be Added to Fees	Make Check Pa Department o	f State	
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND DIRE	CTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GD HENSHAW, RICHARD SR 953 ORANGE ST LAKELAND FL 33801	™ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GD HOWARD L. 606 LAKEHU LAKELANO FC	ITCEFIELD AST ST	Change	Addition
TITLE NAME STREET ADDRESS; CITY-ST-ZIP	D SWEARENGIN, JOE -313 DELON CT— AUBURNDALE FL 33823	Delete □ ✓ ✓ ✓ → □	TITLE NAME .STREET ADDRESS .CITY-ST-ZIP	DAVID PRY 103 MARSON AUBURNDALE		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD NICHOLLS, LARRY D 1346 ROWELL ST. AUBRUNDALE FL 33823	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Stange, andrew 1152 Waterview BLVD W Lakeland Fl 33801	💢 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAYMOND I BOL DELON AUBURNDAL	MALCOLM CT EFL. 3382	□ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	∵ □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition

Country

Name

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: