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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:15

DOCUMENT # 746232 (8)

1. Corporation Name

FLAGLER COUNTY LODGE NO. 895, LOYAL ORDER OF MOOSE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1809 BUNNELL FL 32110-1809	P.O. BOX 1809 BUNNELL FL 32110-1809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/13/1979
3a. Date of Last Report: 02/28/1994
4. FEI Number: 59-2454773 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 111 S. Railroad ST.	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$9.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23 Bunnell, FL	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	$68.75 Supplemental Fee Not Required
Zip / Country 24 32110 / 25	Zip / Country 29 / 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

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 is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	G	1.1 TITLE	GP	☒ Change ☐ Addition
NAME	SMITH, STEPHEN	1.2 NAME	Richard Sage	
STREET ADDRESS	P.O. BOX 1293 N/A	1.3 STREET ADDRESS	P.O. Box 2271 N/A	
CITY-ST-ZIP	BUNNELL FL	1.4 CITY-ST-ZIP	Bunnell, FL 32110	
TITLE	G	2.1 TITLE	GP	☒ Change ☐ Addition
NAME	OLIN, KEN	2.2 NAME	Rudolph Branton	
STREET ADDRESS	P.O. BOX 1228 N/A	2.3 STREET ADDRESS	RR 1 Box 377 N/A	
CITY-ST-ZIP	BUNNELL FL	2.4 CITY-ST-ZIP	Bunnell, FL 32110	
TITLE	A	3.1 TITLE	A	☒ Change ☐ Addition
NAME	NOEL, STANLEY J	3.2 NAME	John Monkelbaan	
STREET ADDRESS	24 CLAYMONT CT. S.	3.3 STREET ADDRESS	P.O. Box 577 N/A	
CITY-ST-ZIP	PALM COAST FL	3.4 CITY-ST-ZIP	Bunnell, FL 32110	
TITLE	T	4.1 TITLE	Tr	☒ Change ☐ Addition
NAME	LIMKE, EARLAND	4.2 NAME	Earl Schack	
STREET ADDRESS	P.O. BOX 598 N/A	4.3 STREET ADDRESS	P.O. Box 1759 N/A	
CITY-ST-ZIP	BUNNELL FL 32110	4.4 CITY-ST-ZIP	Bunnell, FL 32110	
TITLE	T	5.1 TITLE		☐ Change ☐ Addition
NAME	MOORE, GARY	5.2 NAME		
STREET ADDRESS	P.O BOX 591 N/A	5.3 STREET ADDRESS		
CITY-ST-ZIP	BUNNELL FL 32110	5.4 CITY-ST-ZIP		
TITLE	C	6.1 TITLE	Tr	☒ Change ☐ Addition
NAME	MOWERY, LARRY	6.2 NAME	Fred Goldstein	
STREET ADDRESS	P.O. BOX 1883 N/A	6.3 STREET ADDRESS	RR 1 Box 68 N/A	
CITY-ST-ZIP	BUNNELL FL 32110	6.4 CITY-ST-ZIP	Bunnell, FL 32110	

RECEIVED MAY

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)(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: John Monkelbaan John Monkelbaan 4/25/95 (904) 437-2343
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

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