

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **746232** (8)

1. Corporation Name

**FLAGLER COUNTY LODGE NO. 895, LOYAL ORDER OF MOO SE, INC.**



Principal Place of Business

Mailing Address

111 S. RAILROAD ST.  
BUNNELL FL 32110  
US

P.O. BOX 1809  
BUNNELL FL 32110-1809

3. Date Incorporated or Qualified

03/13/1979

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 111 S. Railroad ST

26

4. FEI Number

59-2454773

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**

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 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	GD	<input checked="" type="checkbox"/> DELETE
NAME	RICHARD SAGE	
STREET ADDRESS	P.O. BOX 2271 N/A	
CITY-ST-ZIP	BUNNELL FL	
TITLE	GD	<input checked="" type="checkbox"/> DELETE
NAME	RUDOLPH BRANTON	
STREET ADDRESS	RR 1 BOX 377	
CITY-ST-ZIP	BUNNELL FL	
TITLE	A	<input type="checkbox"/> DELETE
NAME	JOHN MONKELBEAN	
STREET ADDRESS	P.O. BOX 577 N/A	
CITY-ST-ZIP	BUNNELL FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	EARL SCHACK	
STREET ADDRESS	P.O. BOX 1759 N/A	
CITY-ST-ZIP	BUNNELL FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, GARY	
STREET ADDRESS	P.O. BOX 591 N/A	
CITY-ST-ZIP	BUNNELL FL 32110	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FRED GOLDSTEIN	
STREET ADDRESS	RR 1 BOX 613 N/A	
CITY-ST-ZIP	BUNNELL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Earl E Schack	
1.3 STREET ADDRESS	P.O. Box 1759 N/A	
1.4 CITY-ST-ZIP	Bunnell, FL 32110	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	James Ladner	
2.3 STREET ADDRESS	P.O. Box 1175 N/A	
2.4 CITY-ST-ZIP	Bunnell, FL 32110	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Larry Mowery	
4.3 STREET ADDRESS	P.O. Box 1863 N/A	
4.4 CITY-ST-ZIP	Bunnell FL 32110	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Richard Roy	
5.3 STREET ADDRESS	7 Kafir Lily PL	
5.4 CITY-ST-ZIP	Palm Coast, FL 32164	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	600001789476	
6.3 STREET ADDRESS	-04/22/96--01068--01068	
6.4 CITY-ST-ZIP	***70.00	

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)(k), 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 A. Monkeldaan John A. Monkeldaan 4/16/96 (904) 437-2343  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)