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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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: 04/22/1996
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

2. Principal Place of Business
21 ______
Suite, Apt. #, etc.
22 ______
City & State
23 ______
Zip 24 ______ Country 25 ______

2a. Mailing Address
26 ______
Suite, Apt. #, etc.
27 ______
City & State
28 ______
Zip 29 ______ Country 30 ______

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 *J. Stanley Noel* 3/20/97
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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHACK, EARL E		1.2 NAME		
STREET ADDRESS	PO BOX 1759 N A (NA)		1.3 STREET ADDRESS		
CITY-ST-ZIP	BUNNELL FL 32110		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	LADNER, JAMES		2.2 NAME	ANDREW MILLMAN.	
STREET ADDRESS	PO BOX 1175 N A		2.3 STREET ADDRESS	P.O. BOX 353161 (N/A)	
CITY-ST-ZIP	BUNNELL FL 32110		2.4 CITY-ST-ZIP	PALM COAST FL. 32135	
TITLE	A	☒ DELETE	3.1 TITLE	Administrator	☒ Change ☐ Addition
NAME	JOHN MONKELBEAN		3.2 NAME	J. STANLEY Noel	
STREET ADDRESS	P.O. BOX 577 N/A		3.3 STREET ADDRESS	24 Claymont Ct. S.	
CITY-ST-ZIP	BUNNELL FL		3.4 CITY-ST-ZIP	Palm Coast FL 32137	
TITLE	T	☒ DELETE	4.1 TITLE	T.	☒ Change ☐ Addition
NAME	MOWERY, LARRY		4.2 NAME	Allen FRASER	
STREET ADDRESS	PO BOX 1863 N A		4.3 STREET ADDRESS	3727 RT.301 (N/A)	
CITY-ST-ZIP	BUNNELL FL 32110		4.4 CITY-ST-ZIP	Bunnell FL 32110	
TITLE	T	☒ DELETE	5.1 TITLE	T	☒ Change ☐ Addition
NAME	ROY, RICHARD		5.2 NAME	MICHAEL STANKEWICH	
STREET ADDRESS	7 KAFIRLILY PL.		5.3 STREET ADDRESS	P.O Box 1911 (N/A)	
CITY-ST-ZIP	PALM COAST FL 32164		5.4 CITY-ST-ZIP	Bunnell FL. 32110	
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FRED GOLDSTEIN		6.2 NAME		
STREET ADDRESS	RR 1 BOX 613 N/A (NA)		6.3 STREET ADDRESS		
CITY-ST-ZIP	BUNNELL FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: *J Stanley Noel* *J. Stanley Noel* 3/20/97 437 ... 2343