FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 18 AM 7:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **748527** **(9)**

1. Corporation Name

FT. MYERS LODGE # 1899 LOYAL ORDER OF MOOSE, INC

Principal Place of Business	Mailing Address
1900 PARK MEADOW DRIVE FORT MYERS FL 33907-3740	1900 PARK MEADOW DRIVE FORT MYERS FL 33907-3740

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/14/1979
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1024721 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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 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	GD	1.1 TITLE	GD	☒ Change ☐ Addition
NAME	BRUNELLE, GARY	1.2 NAME	MORGAN, JODY P.	
STREET ADDRESS	5330 CLEVELAND AVE	1.3 STREET ADDRESS	1829 GRACE Ave.	
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	Ft. Myers, FL. 33901	
TITLE	PD	2.1 TITLE	PG	☒ Change ☐ Addition
NAME	MILLSPAUGH, DONALD V	2.2 NAME	NULL, LARRY D.	
STREET ADDRESS	2424C GRAND AVE	2.3 STREET ADDRESS	4368 Tufts Ave.	
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	Ft. Myers, FL. 33901	
TITLE	TD	3.1 TITLE	A	☒ Change ☐ Addition
NAME	MILLER, STEVEN M	3.2 NAME	MAKI, Wilbert R.	
STREET ADDRESS	7751 BREEZE DR	3.3 STREET ADDRESS	233 Osprey	
CITY-ST-ZIP	N FT MYERS FL	3.4 CITY-ST-ZIP	Ft. Myers Beach, FL. 33932	
TITLE	PD	4.1 TITLE	JG	☒ Change ☐ Addition
NAME	GEE, WARREN	4.2 NAME	OLoughlin, MARK E.	
STREET ADDRESS	405 NE 17TH PL	4.3 STREET ADDRESS	931 N.E. 23rd Terr.	
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	Cape Coral, FL. 33909	
TITLE		5.1 TITLE	T	☒ Change ☐ Addition
NAME		5.2 NAME	Disatell, Edward N	
STREET ADDRESS		5.3 STREET ADDRESS	5848 HARBOR CLUB RD.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Ft. Myers, FL. 33919	
TITLE		6.1 TITLE	T	☒ Change ☐ Addition
NAME		6.2 NAME	GRAHAM, JAMES E.	
STREET ADDRESS		6.3 STREET ADDRESS	2845 MEADOW LANE	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Ft. Myers, FL. 33901	

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: Wilbert R. Maki Wilbert R. Maki 4/13/95 (813)939-2526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0059415