

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 12 PM 11:39

DOCUMENT # 749877 (7)

1. Corporation Name

**CLEARWATER LODGE NO. 1030, LOYAL ORDER OF MOOSE,
INC.**

Principal Place of Business

Mailing Address

150 MCMULLEN BOOTH ROAD
CLEARWATER FL 34619

150 MCMULLEN BOOTH ROAD
CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1979

3a. Date of Last Report

04/26/1994

4. FEI Number

59-0611296

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. The corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SM
NAME SCHALK, GEORGE L
STREET ADDRESS 150 MCMULLEN, BOOTH RD
CITY - ST - ZIP CLEARWATER FL 34619

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE PD
NAME SOUTAR, JOHN J
STREET ADDRESS 1450 HEATHER RIDGE BLVD. #207
CITY - ST - ZIP DUNEDIN FL 34698

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☒ Change ☐ Addition

PD
WHALLEN, HORACE E
2012 BELLHURST DRIVE
DUNEDIN, FL 34698

TITLE VD
NAME WHALLEN, HORACE E.
STREET ADDRESS 2012 BELLHURST DR.
CITY - ST - ZIP DUNEDIN FL 34698

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☒ Change ☐ Addition

VD
ZOANETTE, VICTOR
247 MCMULLEN BOOTH ROAD
CLEARWATER, FL 34619

TITLE D
NAME DIERKS, PAUL A
STREET ADDRESS 12140 RHONDA TERR.
CITY - ST - ZIP SEMINOLE FL 34642

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☒ Change ☐ Addition

D
KEELEY, PETER F
2062 VILLA TERRACE
CLEARWATER, FL 34623

TITLE D
NAME WILHITE, F.T.
STREET ADDRESS 1327 MARJOHN AVE.
CITY - ST - ZIP CLEARWATER FL 34616

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☒ Change ☐ Addition

D
SOUTAR, JOHN J
1450 HEATHER RIDGE BLVD. #207
DUNEDIN, FL 34698

TITLE TD
NAME NOONAN, ROBERT
STREET ADDRESS 3010 LONGBROOKE WAY
CITY - ST - ZIP CLEARWATER FL 34620

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☒ Change ☐ Addition

TD
HEIT, STEVE
1905 PALM DRIVE
CLEARWATER, FL 34623

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:

George L Schalk
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-95

813-791-9214

Date

Telephone No.