FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90196 039 ****61.25

DOCUMENT # 74987

1. Corporation Name

| CLEARWATER | LODGE NO. | 1030, LC | DYAL OR | DER OF | MOOSE, |
|-------------------|-----------|----------|---------|--------|--------|
| INC. | | | | | |

| Principal Place of Business | | | |
|-----------------------------|--|--|--|
| 150 MCMULLEN BOOTH ROAD | | | |
| CLEARWATER FL 34619 | | | |

Mailing Address

150 MCMULLEN BOOTH ROAD CLEARWATER FL 34619

.---- 20120 - 39

| Principal Place of Business 2a. Mailing Address 26 | | 3. Date Incorporated or Qualifed 11/21/1979 | | | |
|--|--|--|--|--|--|
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | 4. FEI Number 59-0611296 | Applied For Not Applicable | |
| City & State City & State | | | 5. Certifcate of Status Desired | \$8.75 Additional Fee Required | |
| Zip Country | Zip Country 29 33759 30 | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| | f Current Registered Agent 10. Name and Address of New Registered Agent | | | Agent | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | 81 Name 82 Street Ac 83 84 City | ddress (P.O. Bnx Number is Not Acceptable) | 85 Zip Code | |
| | Suite, Apt. #, etc. City & State Zip Country 25 9. Name and Address of Currel C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD | 26 | Suite, Apt. #, etc. Suite, Apt. #, etc. | Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country 25 P. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 11/21/1979 4. FEI Number 59-0611296 Country 6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution 10. Name and Address of New Registered 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) | |

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 tible if applicable. | (NOTE: Registered Agent signature r | equired when reinstating) DATE | | |
| 12. | OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AN | ND DIRECTO | RS IN 12 |
| TITLE | S DECE | TE 1,1 TITLE | S | ☐ Change | ☐ Addition |
| NAME | HARRINGTON, DONALD H | 1.2 NAME | _ | | |
| STREET ADDRESS | 150 MC MULLEN BOOTH RD | 1.3 STREET ADDRESS | | | İ |
| CITY-ST-ZIP | CLEARWATER FL | 1.4 CITY-ST-ZIP | | | |
| TITLE | P DELE | TE 2.1 TITLE | P | Change | Addition |
| NAME | ZOANETTE, VICTOR | 2.2 NAME | MURPHY KENNETH 2808 ANDERSON DR A | , | |
| STREET ADDRESS | 247 MCMULLEN BOOTH ROAD | 2.3 STREET ADDRESS | 2808 ANDERSON DE | • | |
| CITY-ST-ZIP | CLEARWATER FL 33759 | 2.4 CITY-ST-ZIP | CLEARWATER FI 3374 | | |
| TITLE | VD A DELE | TE 3.1 TITLE | עט | Change Change | Addition |
| NAME | WILHITE, FREDERICK T | 3.2 NAME | HOLBACH JOHN F 2803 GULF TO BAY BLVD | | |
| STREET ADDRESS | 1327 MARJOHN AVE | 3.3 STREET ADDRESS | 2803 GULF TOBAT 1940 | | |
| CITY-ST-ZIP | CLEARWATER FL 33756 | 3.4. CITY-ST-ZIP | CLEARWATER FI 33759 | | |
| TITLE | D K DETE | TE 4.1 TITLE | D | | Addition |
| NAME | MURPHY, KENNETH | 4. 2 NAME | KELLY, JOHN H 3432 ST RD 580 # 232 | | |
| STREET ADDRESS | 2808 ANDERSON DRIVE NORTH | 4.3 STREET ADDRESS | 3432 ST RD 380 . 20- | ~ _ | |
| CITY-ST-ZIP | CLEARWATER FL 33761 | 4.4 CITY-ST-ZIP | SAFETY HARBOR FL. 34 | 693 | |
| TITLE | D XX DELE | TE 5.1 TITLE | ם ' | Change | ☐ Addition |
| NAME (| KONCEWICZ, STANLEY | 5.2 NAME | PACHUCKI, GARY R | | · |
| STREET ADDRESS | 2165 GULF TO BAY BLVD #434 | 5.3 STREET ADDRESS | 29141 US 19 N. LOT 122 | | |
| CITY-ST-ZIP | CLEARWATER FL 33765 | 5.4 CITY-ST-ZIP | CLEARWATER F1. 34621 | | |
| TITLE | TD DELE | TE 6.1 TITLE | | Change | Addition |
| NAME | LEE, MARSH E | 6.2 NAME | | | |
| STREET ADDRESS | 1325 BYRON DRIVE | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | CLEARWATER FL 33756 | 6.4 CITY-ST-ZIP | | | |

14. I 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, with all other like empowered.

SIGNATURE: