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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **751435** **(9)**

1. Corporation Name

DELAND LODGE NO. 1126, LOYAL ORDER OF MOOSE, INC

Principal Place of Business	Mailing Address
614 S. ALABAMA AVE. PO BOX 0045 DELAND FL 32721-7045	614 S. ALABAMA AVE. PO BOX 0045 DELAND FL 32721-7045

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1980
3a. Date of Last Report: 03/31/1994
4. FEI Number: 59-0608332 ☐ 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 614 So. Alabama Ave	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Deland FL.	28 City & State
24 Zip: 32724 25 Country: USA.	29 Zip 30 Country

9. Name and Address of Current Registered Agent

FREEMAN, SKIP
131 S ORANGE AVE
DELAND FL 32721

10. Name and Address of New Registered Agent

81 Name: Claude Robbins
82 Street Address (P.O. Box Number is Not Acceptable)
83: 445 Paradise Drive
84 City: DeLand FL 85 Zip Code: 32720

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: Claude Robbins 4-27-95
(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	D	11 TITLE – D	Ralph Good	☑ Change ☐ Addition
NAME	ROSE, JOHN J	12 NAME		
STREET ADDRESS	P.O. BOX 1505 NA	13 STREET ADDRESS	1880 Hontoon Rd	
CITY-ST-ZIP	DELAND FL	14 CITY-ST-ZIP	DeLand FL 32720	
TITLE	S	21 TITLE – S	Administrator-S	☑ Change ☐ Addition
NAME	FREEMAN, SKIP	22 NAME	Claude Robbins	
STREET ADDRESS	131 S ORANGE AVE	23 STREET ADDRESS	445 Paradise Dr.	
CITY-ST-ZIP	DELAND FL	24 CITY-ST-ZIP	DeLand FL 32720	
TITLE	VP	31 TITLE – D	William Callis	☑ Change ☐ Addition
NAME	CASHMAN, ROBERT	32 NAME		
STREET ADDRESS	1004 QUAIL DR	33 STREET ADDRESS	536 Hemmingway Ct.	
CITY ST ZIP	DELAND FL	34 CITY-ST ZIP	DeLand FL 32720	
TITLE	D	41 TITLE – T	Treasure	☑ Change ☐ Addition
NAME	HODGES, JACK	42 NAME	James B. King	
STREET ADDRESS	P O BOX 3334 NA	43 STREET ADDRESS	2055 1st Ave	
CITY-ST-ZIP	GLENWOOD FL	44 CITY-ST-ZIP	DeLand FL 32724	
TITLE	D	51 TITLE VP	Robert Grier	☑ Change ☐ Addition
NAME	FRIEND, HON	52 NAME		
STREET ADDRESS	P O BOX 712 NA	53 STREET ADDRESS	2450 Ben Franklin	
CITY ST ZIP	DELEON SPGS FL	54 CITY ST ZIP	DeLand FL 32720	
TITLE	P	61 TITLE – P	Governor	☑ Change ☐ Addition
NAME	GRIER, ROBERT	62 NAME	John Friend	
STREET ADDRESS	2450 BEN FRANKLIN DR	63 STREET ADDRESS	115 W. Dundee Ave	
CITY ST ZIP	DELAND FL	64 CITY-ST-ZIP	DeLeon Spgs FL 32130	

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: Claude Robbins 4-27-95 904-734-0446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031188