FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Jan 31 1996 8:00 am
Secretary of State

DOCUMENT # 751435 (9)

1. Corporation Name

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

Principal Place of Business	Mailing Address
614 SO. ALABAMA AVE PO BOX 0045 DELAND FL 32724 US	614 S. ALABAMA AVE. PO BOX 0045 DELAND FL 32721-7045

3. Date Incorporated or Qualified: 03/07/1980
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

ROBBINS, CLAUDE
445 PARADISE DRIVE
DELAND FL 32720

10. **Name and Address of New Registered Agent**

81 Name: Gustave Freeman
82 Street Address (P.O. Box Number is Not Acceptable): 131 So. Orange Ave.
83
84 City: DeLand 32720 FL 85 Zip Code: 32720

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: Gustave Freeman Gustave Freeman 1-24-96
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	☑ DELETE	1.1 TITLE	D	Donald Robinson ☑ Change ☐ Addition
NAME	GOOD, RALPH		1.2 NAME		
STREET ADDRESS	1880 HONTOON ROAD		1.3 STREET ADDRESS		MA PO Box 3244
CITY-ST-ZIP	DELAND FL		1.4 CITY-ST-ZIP		DeLand Fl 32723-3244
TITLE	SA	☑ DELETE	2.1 TITLE	SA	☑ Change ☐ Addition
NAME	ROBBINS, CLAUDE		2.2 NAME		Gustave Freeman
STREET ADDRESS	445 PARADISE DR.		2.3 STREET ADDRESS		131 So. Orange Ave
CITY-ST-ZIP	DELAND FL		2.4 CITY-ST-ZIP		DeLand Fl 32720
TITLE	D	☑ DELETE	3.1 TITLE	D	Jan Meehan ☑ Change ☐ Addition
NAME	CALLIS, WILLIAM		3.2 NAME		
STREET ADDRESS	536 HEMMINGWAY CT.		3.3 STREET ADDRESS		1491 Rockingham Dr.
CITY-ST-ZIP	DELAND FL		3.4 CITY-ST-ZIP		DeLand Fl 32724
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KING, JAMES B.		4.2 NAME		
STREET ADDRESS	2055 1ST AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		4.4 CITY-ST-ZIP		
TITLE	VP	☑ DELETE	5.1 TITLE		Robert Cashman ☑ Change ☐ Addition
NAME	GRIER, ROBERT		5.2 NAME		
STREET ADDRESS	2450 BEN FRANKLIN		5.3 STREET ADDRESS		1004 Quail Dr
CITY-ST-ZIP	DELAND FL		5.4 CITY-ST-ZIP		DeLand Fl 32724
TITLE	P	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FRIEND, JOHN		6.2 NAME		
STREET ADDRESS	115 W. DUNDEE AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	DELEON SPGS FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: Gustave Freeman Gustave Freeman 01-24-96 904-734-2446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #