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Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 SO. ALABAMA AVE PO BOX 0045 DELAND FL 32724 US	614 S. ALABAMA AVE. PO BOX 0045 DELAND FL 32721-0045

3. Date Incorporated or Qualified: **03/07/1980**
3a. Date of Last Report: **01/31/1996**

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

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

9. Name and Address of Current Registered Agent

FREEMAN, GUSTAVE
131 S. ORANGE AVE.
DELAND FL 32720

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 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 Gustavo W Freeman 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	D	☐ DELETE	1.1 TITLE	T	☐ Change ☑ Addition
NAME	ROBINSON, DONALD		1.2 NAME	Charles Laird	
STREET ADDRESS	P.O.BOX 3244		1.3 STREET ADDRESS	TRUSTEE 1700 S. CLARA AVE	
CITY-ST-ZIP	DELAND FL		1.4 CITY-ST-ZIP	DELAND, FL 32720-7753	
TITLE	SA	☐ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	FREEMAN, GUSTAVE		2.2 NAME	Dick Sisto	
STREET ADDRESS	131 S. ORANGE AVE.		2.3 STREET ADDRESS	1610 W WAYCROSS CIR	
CITY-ST-ZIP	DELAND FL		2.4 CITY-ST-ZIP	DELTONA FL 32725-7632	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	MEEHAN, JAN		3.2 NAME	Charles West	
STREET ADDRESS	1491 ROCKINGHAM DR.		3.3 STREET ADDRESS	JR GOV	
CITY-ST-ZIP	DELAND FL		3.4 CITY-ST-ZIP	1105 W VOORHIS AVE DELAND FL 32720	
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		☐ Change ☐ Addition
NAME	CASHNIAN, ROBERT		5.2 NAME		
STREET ADDRESS	1004 QUAIL DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		5.4 CITY-ST-ZIP		
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 (9/96)

14. I do 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.

SIGNATURE: Gustavo W Freeman 1-9-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

Daytime Phone # **0013449**