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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751435

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/07/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0608332 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ROBINSON, DONALD
1544 S BOUNDARY 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 _____ 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	Gov. or P.	☐ Change ☒ Addition
NAME	WERT, CHARLES		1.2 NAME	HARVEY CHASE SR	
STREET ADDRESS	1105 W VOORHIS AVE		1.3 STREET ADDRESS	1060 LINDEN WAY	
CITY-ST-ZIP	DELAND FL 32720		1.4 CITY-ST-ZIP	DeLand Fl 32724	
TITLE	SD	☒ DELETE	2.1 TITLE	Sec	☐ Change ☒ Addition
NAME	ROBINSON, DONALD		2.2 NAME	HARRY A LANE	
STREET ADDRESS	1544 S BOUNDARY AVE		2.3 STREET ADDRESS	P.O. BOX 1025	
CITY-ST-ZIP	DELAND FL 32720		2.4 CITY-ST-ZIP	De Leon Springs Fl 32130-1025	
TITLE	D	☒ DELETE	3.1 TITLE	~~Treasurer~~ D	☐ Change ☒ Addition
NAME	GRIER, ROBERT		3.2 NAME	William J Pedraza	
STREET ADDRESS	2450 BEN FRANKLIN DR		3.3 STREET ADDRESS	334 Longevity Lane	
CITY-ST-ZIP	DELAND FL 32720		3.4 CITY-ST-ZIP	DeLand Fl 32724	
TITLE	T	☒ DELETE	4.1 TITLE	John J Rose D.	☐ Change ☒ Addition
NAME	LAIRD, CHARLES		4.2 NAME		
STREET ADDRESS	1700 S CLARA AVE		4.3 STREET ADDRESS	713B Michigan Ave	
CITY-ST-ZIP	DELAND FL		4.4 CITY-ST-ZIP	DeLand Fl 32724	
TITLE	D	☒ DELETE	5.1 TITLE	~~Trustee~~ D.	☐ Change ☒ Addition
NAME	TOLAS, CHARLES		5.2 NAME	Joseph R Miller SR	
STREET ADDRESS	1887 N SPARKMAN AVE		5.3 STREET ADDRESS	2500 N Volusia Ave Lot 9	
CITY-ST-ZIP	ORANGE CITY FL 32763		5.4 CITY-ST-ZIP	Orange City Fl 32763-2544	
TITLE	P	☒ DELETE	6.1 TITLE	Trus	☐ Change ☐ Addition
NAME	FRIEND, JOHN		6.2 NAME	Kenneth C Doyle	
STREET ADDRESS	115 W. DUNDEE AVE.		6.3 STREET ADDRESS	101 W Hill Ave #7	
CITY-ST-ZIP	DELEON SPGS FL		6.4 CITY-ST-ZIP	DeLand Fl 32724-4669	

CR2E037 (11/98)

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: Donald Robinson Donald F Robinson 4/20/99 904-736-9598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Harry A Lane Harry A Lane 904-985-4421
lodge 904 734-2446