2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 751435

1. Entity 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

01292004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0608332
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000049135
02/13/04-80010-022 61.25

10. OFFICERS AND DIRECTORS

TITLE	GD
NAME	MARRISON, DON
STREET ADDRESS	1959 PIFER TERR.
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	TD
NAME	GIBBONS, THOMAS
STREET ADDRESS	639 MAY ST.
CITY-ST-ZIP	DELAND, FL 32720
TITLE	T
NAME	MARRISON, DONALD A JR
STREET ADDRESS	103 APF VILLA CAPRI CIRCLE
CITY-ST-ZIP	DELAND, FL 32724
TITLE	JGD
NAME	DAVIS, WALTER
STREET ADDRESS	55630 JAMES ST.
CITY-ST-ZIP	ASTOR, FL 32102
TITLE	T
NAME	WILLIAMSON, VIRGIL
STREET ADDRESS	7125 PLAMETTON AVE.
CITY-ST-ZIP	DELAND, FL 32720
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas Gibbons ADMINISTRATOR THOMAS GIBBONS 1-29-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #