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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 # **768851** **(8)**

1. Corporation Name

FOUR TOWNES LODGE NO. 655, LOYAL ORDER OF MOOSE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1033 DEBARY FL 32713-1083	P.O. BOX 1033 DEBARY FL 32713-1083

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/09/1983
3a. Date of Last Report: 01/27/1994
4. FEI Number: 59-2265204 ☐ 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. 199.031, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business
21 201 BENSON JCT. RD.
22 Suite, Apt. #, etc.
23 City & State: DE BARY, FLORIDA
24 Zip: 32713 25 Country: USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

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

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 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 _____ 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	GD	1.1 TITLE		☐ Change ☐ Addition
NAME	LYON, LEW	1.2 NAME		
STREET ADDRESS	29 NARCISSUS DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	DE BARY FL	1.4 CITY-ST-ZIP		
TITLE	PG	2.1 TITLE	D	☑ Change ☐ Addition
NAME	BUFORD, JACK	2.2 NAME	BROWN, JAMES	
STREET ADDRESS	49 MADERA RD.	2.3 STREET ADDRESS	315 RIVERA DR.	
CITY-ST-ZIP	DE BARY FL	2.4 CITY-ST-ZIP	DE BARY, FL. 32713	
TITLE	V	3.1 TITLE	D	☑ Change ☐ Addition
NAME	HALL, PHIL	3.2 NAME	COLSTON, ALDEN	
STREET ADDRESS	1635 PROVIDENCE BLVD.	3.3 STREET ADDRESS	200 SUNCREST DR.	
CITY-ST-ZIP	DELTONA FL	3.4 CITY-ST-ZIP	DE BARY, FL. 32713	
TITLE	D	4.1 TITLE	D	☑ Change ☐ Addition
NAME	JACOBS, JAKE	4.2 NAME	BRADSHAW, KIETH	
STREET ADDRESS	11845 BRUCE HUNT RD.	4.3 STREET ADDRESS	631 CAMELIA PK. LANE	
CITY-ST-ZIP	CLERMONT FL	4.4 CITY-ST-ZIP	ORANGE CITY FL. 32763	
TITLE	TD	5.1 TITLE	S	☑ Change ☐ Addition
NAME	BUCKENSTAFF, MIKE	5.2 NAME	HECK, LUDWIG	
STREET ADDRESS	2281 EAST UNION CIR.	5.3 STREET ADDRESS	443 DEED CIRCLE	
CITY-ST-ZIP	DELTONA FL	5.4 CITY-ST-ZIP	DELTONA, FL. 32738	
TITLE	T	6.1 TITLE		☐ Change ☐ Addition
NAME	CODERRE, ERNIE	6.2 NAME		
STREET ADDRESS	650 TEATHER AVE.	6.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL	6.4 CITY-ST-ZIP		

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: _____ 4/17/95 407 668 0058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0950800