

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

DOCUMENT # 768851 (8)

1. Corporation Name

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

Principal Place of Business

201 BENSON JCT RD.
DEBARY FL 32713
US

Mailing Address

P.O. BOX 1033
DEBARY FL 32713-1083



3. Date Incorporated or Qualified
06/09/1983

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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 ☒ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME **GD LYON, LEW**
STREET ADDRESS **29 NARCISSUS DR.**
CITY-ST-ZIP **DE BARY FL**

1.2 NAME **D JANICE, HARRY F.**
1.3 STREET ADDRESS **211 ANGELES RD.**
1.4 CITY-ST-ZIP **DE BARY, FL. 32713**

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **D BROWN, JAMES**
STREET ADDRESS **315 RIVERA DRIVE**
CITY-ST-ZIP **DE BARY FL**

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **D COLSTON, ALDEN**
STREET ADDRESS **200 SUNCREST DRIVE**
CITY-ST-ZIP **DEBARY FL**

3.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **D BRADSHAW, KEITH**
STREET ADDRESS **831 CAMELIA PARK LANE**
CITY-ST-ZIP **ORANGE CITY FL**

4.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **S HECK, LUDWIG**
STREET ADDRESS **543 DEED CIRCLE**
CITY-ST-ZIP **DELTONA FL**

5.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME **T CODERRE, ERNIE**
STREET ADDRESS **689 TEATHER AVE.**
CITY-ST-ZIP **DELTONA FL**

6.2 NAME ☐ Change ☐ Addition

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: *Ludwig M. Heck*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/96 407-668-0058
Date Daytime Phone #

CR2E037 (12/95)