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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **768851** (8)

1. Corporation Name

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

Principal Place of Business

Mailing Address

**201 BENSON JCT RD.
DEBARY FL 32713
US**

**P.O. BOX 1033
DEBARY FL 32713-1033**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/09/1983		3a. Date of Last Report 04/05/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2265204		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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
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	D	1.1 TITLE	D
NAME	JANICE, HARRY F.	1.2 NAME	ROBERTO L. GARCIA
STREET ADDRESS	211 ANGELES ROAD	1.3 STREET ADDRESS	435 KINGWAY DR.
CITY-ST-ZIP	DE BARY FL	1.4 CITY-ST-ZIP	DELTONA, FL. 32725
TITLE	D	2.1 TITLE	
NAME	BROWN, JAMES	2.2 NAME	
STREET ADDRESS	315 RIVERA DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DE BARY FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	D
NAME	COLSTON, ALDEN	3.2 NAME	DAVID R. DRYSDALE
STREET ADDRESS	200 SUNCREST DRIVE	3.3 STREET ADDRESS	702 W. BLUE SPRINGS AV
CITY-ST-ZIP	DEBARY FL	3.4 CITY-ST-ZIP	ORANGE CITY FL. 32763
TITLE	D	4.1 TITLE	
NAME	BRADSHAW, KEITH	4.2 NAME	
STREET ADDRESS	831 CAMELIA PARK LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	
NAME	HECK, LUDWIG	5.2 NAME	
STREET ADDRESS	543 DEED CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	T
NAME	CODERRE, ERNIE	6.2 NAME	PHILLIP F. HALL
STREET ADDRESS	689 TEATHER AVE.	6.3 STREET ADDRESS	1635 PROVIDENCE BLVD
CITY-ST-ZIP	DELTONA FL	6.4 CITY-ST-ZIP	DELTONA FL. 32725

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

[Signature]

[Signature]

CR2E037 (9/96)