

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2006 8:00 am
Secretary of State

04-20-2006 90200 024 ****61.25

DOCUMENT # 768851

1. Entity 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 531023
DEBARY FL 32753-1023**

66010030



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/05)

Zip

Country

Zip

Country

4. FEI Number

59-2265204

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]

4-10-06

*Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GARCIA, ROBERT**
CITY-STATE-ZIP **1299 SAXON BLVD.
DELTONA FL 32725**

TITLE ☐ Change ☒ Addition
NAME **Treasurer**
STREET ADDRESS **William Gilbert**
CITY-STATE-ZIP **201 Alta Vista St
DeBary, FL 32713**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WHEELER, DAVID**
CITY-STATE-ZIP **24 HIBISCUS DR
DEBARY FL 32713**

TITLE ☐ Change ☒ Addition
NAME **Prelate**
STREET ADDRESS **Steve Jarboe**
CITY-STATE-ZIP **442 River Drive
DeBary, FL 32713**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **GROSS, MORTON T**
CITY-STATE-ZIP **1188 WYCLIFFE ST
DELTONA FL 32725**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BRADSHAW, KEITH**
CITY-STATE-ZIP **96 DIRKSON DR
DEBARY FL 32713**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BISHOP, RONALD**
CITY-STATE-ZIP **244 LAKEWOOD
DEBARY FL 32713**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **MARTUCCI, RONALD**
CITY-STATE-ZIP **974 ELEANOR
DELTONA FL 32725**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-06
Date

**386-
668-0058**
Daytime Phone #