

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 # N25032 (6)

1. Corporation Name

BARTOW LODGE NO 1213, LOYAL ORDER OF MOOSE, INC.

Principal Place of Business

PO BOX 924  
BARTOW FL 33830

Mailing Address

PO BOX 924  
BARTOW FL 33830



3. Date Incorporated or Qualified  
02/25/1988

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
59-0628102

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24

25

Country

29

30

Country

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 SD  
NAME REESE, DON E  
STREET ADDRESS 1164 HANKIN RD.  
CITY-ST-ZIP BARTOW FL

☒ DELETE

1.1 TITLE SD  
1.2 NAME Harrison, D W  
1.3 STREET ADDRESS 6135 HARNEY RD.  
1.4 CITY-ST-ZIP BARTOW, FL 33

☐ Change ☒ Addition

TITLE D  
NAME GOLDEN, DAVID G  
STREET ADDRESS 1045 S. DUDLEY AVE  
CITY-ST-ZIP BARTOW FL

☐ DELETE

2.1 TITLE DD  
2.2 NAME Group, Lemar  
2.3 STREET ADDRESS 3190 Ave "Q" NW  
2.4 CITY-ST-ZIP Winter Haven, FL 33881

☐ Change ☒ Addition

TITLE TD  
NAME O'STEEN, RONALD K  
STREET ADDRESS 421 WESTOVER ST  
CITY-ST-ZIP LAKELAND FL

☐ DELETE

3.1 TITLE D  
3.2 NAME Lykins, Bruce  
3.3 STREET ADDRESS 1515 Oleander Pl  
3.4 CITY-ST-ZIP Bartow, FL 33830

☐ Change ☒ Addition

TITLE D  
NAME HARRISON, D. W  
STREET ADDRESS 6135 HARNEY RD.  
CITY-ST-ZIP BARTOW FL

☒ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME DEBERRY, MICHAEL  
STREET ADDRESS 136 WESTOVER ST.  
CITY-ST-ZIP LAKELAND FL

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PD  
NAME DANIELS, WILLIAM L  
STREET ADDRESS P.O. BOX 1112  
CITY-ST-ZIP BARTOW FL

☒ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ 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:

D. W. HARRISON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-96

Date

941-533-1888

Daytime Phone #

CR2E037 (12/95)