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Jan 23 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26419 (4)

1. Corporation Name

CLEWISTON LODGE NO. 2334, LOYAL ORDER OF MOOSE,
INC.

Principal Place of Business

Mailing Address

P.O. BOX 2428
CLEWISTON FL 33440P.O. BOX 2428
CLEWISTON FL 33440-64283. Date Incorporated or Qualified
05/12/19883a. Date of Last Report
06/25/1996

2. Principal Place of Business

2a. Mailing Address

21 307 E AZTEC AVE

26 307 E. AZTEC AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Clewiston FL

28 Clewiston FL

Zip

Country

Zip

Country

24 33440

25 Hendry

29 33440

30 Hendry

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RARRS, ROBERT B
1024 NE 27TH ST
BELLE GLADE FL 33430

81 Name

Richard Hammond

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

161 Horseshoe Acres

83

84 City

Moore Haven

FL

85 Zip Code
33471

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 for 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 WARRS, ROBERT B
STREET ADDRESS 1024 NE 27TH ST
CITY-ST-ZIP BELLE GLADE FL
☒ DELETE11 TITLE Secretary D S
12 NAME Richard Hammond
13 STREET ADDRESS 161 Horseshoe Acres
14 CITY-ST-ZIP Moore Haven FL 33471
☒ Change ☐ AdditionTITLE D
NAME HENDRIX, THOMAS
STREET ADDRESS PO BOX 352 NA
CITY-ST-ZIP CLEWISTON FL
☒ DELETE21 TITLE Robert Faller Jr D
22 NAME PO Box 2262
23 STREET ADDRESS Clewiston FL 33440-6262
24 CITY-ST-ZIP
☒ Change ☐ AdditionTITLE D
NAME JOHNSON, CLARENCE D
STREET ADDRESS 635 E VENTURA
CITY-ST-ZIP CLEWISTON FL
☐ DELETE31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
☐ Change ☐ Addition

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: Richard Hammond, Sec. 1-14-97 983 4444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0042605

CR2E037 (9/96)