FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

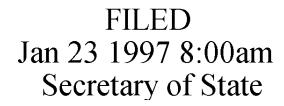
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N26419

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

Principal Place of Business

Mailing Address





P.O. BOX 2428 CLEWISTON FL	33440	P.O. BOX 2428 CLEWISTON FL 33440-6428			
				3. Date Incorporated or Qualified 05/12/1988	3a. Date of Last Report 06/25/1996
	ace of Business AZTEC AUE	2a. Mailing Address	ate h	4. FEI Number 65-0044674	Applied For
21 307 6 Suite, Apt.		26 30 / 6 . /7	ZTEC AV	e 00 00 110 11	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	iston F)	City & State	e Fl	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip マンシン	Country	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Country	8. This corporation has liability for i	ntangible tax under s. 199.032, Yes 🌃 No
24 0 37 10	9. Name and Address of Current	Registered Agent	10177-07-9	10. Name and Address of New Re	
			81 Name	Richard Hamm	1
RARRS, I	ROBERT B		82 Street	Agdress (P.O. Box Number is Not Acceptab	
1024 NE 27TH ST				1 Horsoskoe Ac	145 S
Belle G	LADE FL 33430		83		
			84 City	ud 21	85 Zip Code
				Mooon Hover	FL 33471
11. Pursuant t office or re	to the provisions of Sections 617.0502 egistered agent, or both, in the State o	and 617.1508, Florida Statutes of Florida, Such change was au	i, the above-named thorized by the corp	corporation submits this statement for the population's board of directors. I hereby accept	urpose of changing its registered the appointment as registered
agent. Lar	m familiar with, and accept the obliga-	/> /	, ,,	poration's board of directors. I hereby accep	1.11.00
SIGNATURE ,	/dr/ff	12 cha	GAN HUT	MINONEX	151979
12.	Signature typed of ₩ inted Lame of registered agen OF FICERS AND		Registered Agent signature	required when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	SD	DELETE	1.1 TITLE	Secretary DS	Change Addition
NAME 1	WARRS, ROBERT B	_	1.2 NAME		- 1
STREET ADDRESS	1024 NE 27TH ST		1.3 STREET ADDRESS	Richard Hamon	44
CHTY - ST - ZIP	BELLE GLADE FL	,	1.4 City-ST-ZIP	MOORE HOVENFI	83471
TITLE	D	DELETE	2.1 TITLE	Robart FAllar IV	Change Addition
NAME	HENDRIX, THOMAS		2 2 NAME	CAR HOLL	
STREET ADDRESS	PO BOX 352 NA		2.3 STREET ADDRESS	POBEX KACZ	1
CITY - ST - ZIP	CLEWISTON FL		2. 4 CITY-ST-ZIP	POB-X 2262 Clowishof1334	10-6262
TIT:E	D	☐ DELETE	31 TITLE		Change Addition
NAME	JOHNSON, CLARENCE D		3.2 NAME		1
STREET ADDRESS	635 E VENTURA		3.3 STREET ADDRESS		,
CITY - ST - ZIP	CLEWISTON FL		3 4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		1
CITY-ST-ZIP		——————————————————————————————————————	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-7IP		T DELETE	5.4 CITY-ST-ZIP		I Ohana I I harren
TITLE		☐ DELETE	61 TITLE		∐ Change ∐ Addition
NAME OTDICT ADDRESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-S1-ZIP	ov certify that the information supplied	with this filling does not qualify	for the exemption s	tated in Section 119.07(3)(i), Florida Statutes	I further certify that the
informatio Lam an of	n indicated on this annual report or su	ipplemental annual report is trui he receiver or trustee empower	e and accurate and red to execute this r	that my signature shall have the same lega eport as required by Chapter 617, Florida S	l effect as if made under oath: that i