

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAY 12 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N26419 (4)

1. Corporation Name

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

Principal Place of Business

Mailing Address

307 E AZTEC AVE
CLEWISTON FL 33440
US

307 E AZTEC AVE
CLEWISTON FL 33440
US

3. Date Incorporated or Qualified

05/12/1988

4. FEI Number

65-0044674

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAMMOND, RICHARD
K1 HORSESHOE ACRES
MOORE HAVEN FL 33471

CT CORPORATION SYSTEM
1200 SO. PINE ISLAND RD.
PLANTATION, FL. 33324

81 Name

CT CORPORATION SYSTEM

82 Street Address

1200 SO. PINE ISLAND RD.

83

84 City

1200 SO. PINE ISLAND RD.
PLANTATION

FL

85 Zip Code

33324

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 617.0502, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Connie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

5/12/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DS
NAME HAMMOND, RICHARD
STREET ADDRESS K1 HORSESHOE ACERS
CITY-ST-ZIP MOORE HAVEN FL

☐ DELETE

TITLE D
NAME FALLER, ROBERT JR
STREET ADDRESS PO BOX 2262
CITY-ST-ZIP CLEWISTON FL

☒ DELETE

TITLE D
NAME JOHNSON, CLARENCE D
STREET ADDRESS 635 E VENTURA
CITY-ST-ZIP CLEWISTON FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME D
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☒ Addition

JOSEPH YORK
1506 sassy rd.
CLEWISTON, FL. 33440

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

14. I 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

Connie Bryan

5/15/98

CR2E037 (10/97)