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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N29398 (7)
1. Corporation Name
**PINE CASTLE LODGE NO. 2345, LOYAL ORDER OF MOOSE
INC.**

Principal Place of Business Mailing Address
**5085 S. ORANGE AVE. 5085 S. ORANGE AVE.
C/O CHARLES COOPER C/O CHARLES COOPER
ORLANDO FL 32809 ORLANDO FL 32809**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/22/1988** 3a. Date of Last Report **04/26/1994**
4. FEI Number **59-2915643** 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes 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
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|-----------------|---------------------------------|
| TITLE | G |
| NAME | SHIDELER, ROBERT J. |
| STREET ADDRESS | 123 E. LAKE MARK DR. |
| CITY - ST - ZIP | ORLANDO FL 32839 |
| TITLE | JPG |
| NAME | SWAFFORD, G. ALLEN JR |
| STREET ADDRESS | 235 W. ORLANDO STREET |
| CITY - ST - ZIP | ORLANDO FL 32804 |
| TITLE | SAD |
| NAME | COOPER, CHARLES |
| STREET ADDRESS | 5802 MARLAKE DR. |
| CITY - ST - ZIP | ORLANDO FL |
| TITLE | T |
| NAME | HUNTT, EARL W. |
| STREET ADDRESS | 502 TYBEE PLACE |
| CITY - ST - ZIP | ORLANDO FL 32839 |
| TITLE | T |
| NAME | BAKER, GERALD |
| STREET ADDRESS | 2131 LAKE CHRISTIE DRIVE |
| CITY - ST - ZIP | ORLANDO FL |
| TITLE | T |
| NAME | BELLIZZI, TOM |
| STREET ADDRESS | 1115 CHICHESTER DRIVE |
| CITY - ST - ZIP | ORLANDO FL |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|--------------------------------------|--|
| 1.1 TITLE | Governor | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Duane N. Stimpson | |
| 1.3 STREET ADDRESS | 4612 Green Glen court | |
| 1.4 CITY - ST - ZIP | Orlando, Florida 32809 | |
| 2.1 TITLE | Jr. Past Governor | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Shideler, Robert J. | |
| 2.3 STREET ADDRESS | 123 E. Lake Mary Drive | |
| 2.4 CITY - ST - ZIP | Orlando, Florida 32839 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | Trustee | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Smith, Roscoe A | |
| 5.3 STREET ADDRESS | 2640 McMichael Road | |
| 5.4 CITY - ST - ZIP | St. Cloud, Florida 34771-9204 | |
| 6.1 TITLE | Trustee | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | Bellanger, Rocky | |
| 6.3 STREET ADDRESS | 3620 Late Morning Circle | |
| 6.4 CITY - ST - ZIP | Kissimmee, Florida 34744-9421 | |

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 liquidator empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: **Charles L. Cooper** *Charles L. Cooper* **4/15/95 (407)857-2345**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #