

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 # **N29398** (7)

1. Corporation Name

PINE CASTLE LODGE NO. 2345, LOYAL ORDER OF MOOSE, INC.



Principal Place of Business

Mailing Address

5665 S. ORANGE AVE.
C/O CHARLES COOPER
ORLANDO FL 32809

5665 S. ORANGE AVE.
C/O CHARLES COOPER
ORLANDO FL 32809

3. Date Incorporated or Qualified: **11/22/1988**
3a. Date of Last Report: **04/20/1995**

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

4. FEI Number	Applied For
59-2915643	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
TITLE	G <input type="checkbox"/> DELETE
NAME	STIMPSON, DUANE N
STREET ADDRESS	4612 GREEN GLEN COURT
CITY-ST-ZIP	ORLANDO FL
TITLE	PG <input type="checkbox"/> DELETE
NAME	SHIDELER, ROBERT J.
STREET ADDRESS	123 E. LAKE MARY DRIVE
CITY-ST-ZIP	ORLANDO FL
TITLE	SAD <input type="checkbox"/> DELETE
NAME	COOPER, CHARLES
STREET ADDRESS	5802 MARLAKE DR.
CITY-ST-ZIP	ORLANDO FL
TITLE	T <input type="checkbox"/> DELETE
NAME	HUNTT, EARL W.
STREET ADDRESS	502 TYBEE PLACE
CITY-ST-ZIP	ORLANDO FL 32839
TITLE	T <input type="checkbox"/> DELETE
NAME	SMITH, ROSCOE A
STREET ADDRESS	2640 MCMICHAEL ROAD
CITY-ST-ZIP	ST. CLOUD FL
TITLE	T <input type="checkbox"/> DELETE
NAME	BELLANGER, ROCKY
STREET ADDRESS	3620 LATE MORNING CIRCLE
CITY-ST-ZIP	KISSIMMEE 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	Stacey, Hirom Mike
1.3 STREET ADDRESS	3711 Merryweather Drive
1.4 CITY-ST-ZIP	Orlando, Fl 32812
2.1 TITLE	Jr. Past Governor <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Stimpson, Duane N.
2.3 STREET ADDRESS	4612 Green Glen Court
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	Trustee <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jones, Richard
4.3 STREET ADDRESS	11873 Sindlesham Ct
4.4 CITY-ST-ZIP	Orlando, Fl 32837-5621
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Carniel, Louis
6.3 STREET ADDRESS	5204 Cortez Drive
6.4 CITY-ST-ZIP	Orlando, Fl 32808

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 *Charles Cooper* **Charles Cooper** 4-10-96 249-8572345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)