CORPORATION ANNUAL REPORT

1995

DIVISION OF CORPORATIONS

FILED

95 APR 14 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N31748 (9)

1. Corporation Name

PERRY LODGE NO. 2353, LOYAL ORDER OF MOOSE, INC.

Principal Place of Business	Mailing Address
PERRY MOOSE LODGE 2353 POST OFFICE BOX 1563 PERRY FL 32347	PERRY MOOSE LODGE 2353 POST OFFICE BOX 1563 PERRY FL 32347

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/17/1989

3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-2941783 ☐ 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
21 116 DUVAL ST.	26 P.O. BOX 1563
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 PERRY, FLA.	28 PERRY, FLA.
24 Zip 32347 25 Country TAYLOR	29 Zip 32347 30 Country TAYLOR

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name SAME

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 _____
Signature, typed or 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	G	1.1 TITLE	G	☒ Change ☐ Addition
NAME	YOUMANS, RAYMOND	1.2 NAME	DOYLE, FRANK	
STREET ADDRESS	RT. 5 BOX 272	1.3 STREET ADDRESS	1403 HWY. 98 EAST	
CITY-ST-ZIP	PERRY FL	1.4 CITY-ST-ZIP	PERRY, FLA. 32347	
TITLE	DJG	2.1 TITLE	JG	☒ Change ☐ Addition
NAME	PARKER, TOM	2.2 NAME	YOUMANS, RAYMOND	
STREET ADDRESS	207 W. HIGH ST.	2.3 STREET ADDRESS	RT. 5 BOX 272	
CITY-ST-ZIP	PERRY FL 32347	2.4 CITY-ST-ZIP	PERRY, FLA. 32347	
TITLE	P	3.1 TITLE	P	☒ Change ☐ Addition
NAME	DOYLE, FRANK	3.2 NAME	MOSES, JAMES	
STREET ADDRESS	1403 HWY 98 WEST	3.3 STREET ADDRESS	RT. 1 BOX 1095	
CITY-ST-ZIP	PERRY FL	3.4 CITY-ST-ZIP	PERRY, FLA. 32347	
TITLE	S	4.1 TITLE	S	☒ Change ☐ Addition
NAME	EASTHAM, RAY	4.2 NAME	LA ROCQUE, HAROLD	
STREET ADDRESS	RT. 2 BOX 173	4.3 STREET ADDRESS	RT. 3 BOX 536 PERRY, FL 32347	
CITY-ST-ZIP	GREENVILLE FL	4.4 CITY-ST-ZIP		
TITLE	T	5.1 TITLE	T	☒ Change ☐ Addition
NAME	ANDERSON, ROCKY	5.2 NAME	EASTHAM, RAY	
STREET ADDRESS	1170 QUINN RD.	5.3 STREET ADDRESS	RT. 5 BOX 62	
CITY-ST-ZIP	PERRY FL	5.4 CITY-ST-ZIP	PERRY, FLA. 32347	
TITLE	T	6.1 TITLE	T	☒ Change ☐ Addition
NAME	MOSES, JAMES H	6.2 NAME	LAND, HARVEY	
STREET ADDRESS	RT. 1 BOX 295	6.3 STREET ADDRESS	604 E. QUAIL ST.	
CITY-ST-ZIP	PERRY FL	6.4 CITY-ST-ZIP	PERRY, FLA. 32347	

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)(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: HAROLD LA ROCQUE Harold La Rocque APRIL 11, 1995 904-7745
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

COR184