

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 # N31748 (9)

1. Corporation Name

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

Principal Place of Business

Mailing Address

116 DUVAL ST.  
PERRY FL 32341

P.O. BOX 1563  
PERRY FL 32347



3. Date Incorporated or Qualified

04/17/1989

3a. Date of Last Report

04/14/1995

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Numbers 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE JG ☐ DELETE

NAME YOUMANS, RAYMOND  
STREET ADDRESS RT. 5 BOX 272  
CITY-ST-ZIP PERRY FL

11 TITLE G ☒ Change ☐ Addition

12 NAME YOUMANS, RAYMOND  
13 STREET ADDRESS RT. 5 BOX 272  
14 CITY-ST-ZIP PERRY, FLA.

TITLE S ☐ DELETE

NAME LA ROCQUE, HAROLD  
STREET ADDRESS RT 3 BOX 536  
CITY-ST-ZIP PERRY FL 32347

21 TITLE JG ☒ Change ☐ Addition

22 NAME ROCKY ANDERSON  
23 STREET ADDRESS 117 O'QUINN RD.  
24 CITY-ST-ZIP PERRY, FLA. 32347

TITLE G ☒ DELETE

NAME DOYLE, FRANK  
STREET ADDRESS 1403 HWY 98 WEST  
CITY-ST-ZIP PERRY FL

31 TITLE S ☐ Change ☐ Addition

32 NAME HAROLD LAROCQUE  
33 STREET ADDRESS RT. 3 BOX 536  
34 CITY-ST-ZIP PERRY, FLA. 32347

TITLE T ☒ DELETE

NAME EASTHAM, RAY  
STREET ADDRESS RT. 5 BOX 62  
CITY-ST-ZIP PERRY FL

41 TITLE T ☒ Change ☐ Addition

42 NAME JOHN KNIGHT  
43 STREET ADDRESS RT. 3 BOX 452  
44 CITY-ST-ZIP PERRY, FLA. 32347

TITLE T ☐ DELETE

NAME LAND, HARVEY  
STREET ADDRESS 604 E. QUAIL ST.  
CITY-ST-ZIP PERRY FL

51 TITLE T ☐ Change ☐ Addition

52 NAME HARVEY LAND  
53 STREET ADDRESS 604 E. QUAIL ST.  
54 CITY-ST-ZIP PERRY, FLA. 32347

TITLE P ☐ DELETE

NAME MOSES, JAMES H  
STREET ADDRESS RT. 1 BOX 295  
CITY-ST-ZIP PERRY FL

61 TITLE T ☒ Change ☐ Addition

62 NAME JAMES MOSES  
63 STREET ADDRESS RT. 1 BOX 295  
64 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)(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: HAROLD LAROCQUE, SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-584-7745

CR2E037 (12/95)

13-22-1996