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Mar 03 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 32341P.O. BOX 1563  
PERRY FL 32349-75633. Date Incorporated or Qualified  
04/17/19893a. Date of Last Report  
03/22/19964. FEI Number  
59-2941783Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees8. 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 &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

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29

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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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE G ☒ DELETE  
NAME YOUMANS, RAYMOND  
STREET ADDRESS RT. 5 BOX 272  
CITY-ST-ZIP PERRY FL1.1 TITLE G ☒ Change ☐ Addition  
1.2 NAME PARKER, LOUIS (SONNY)  
1.3 STREET ADDRESS RT. 1 BOX 484  
1.4 CITY-ST-ZIP PERRY, FL.TITLE S ☐ DELETE  
NAME LA ROCQUE, HAROLD  
STREET ADDRESS RT 3 BOX 536  
CITY-ST-ZIP PERRY FL 323472.1 TITLE ☐ Change ☐ Addition  
2.2 NAME SAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE JG ☐ DELETE  
NAME ANDERSON, ROCKY  
STREET ADDRESS 117 O'QUINN RD.  
CITY-ST-ZIP PERRY FL 323473.1 TITLE JG ☒ Change ☐ Addition  
3.2 NAME KNIGHT, JOHN  
3.3 STREET ADDRESS RT.#3 BOX 452  
3.4 CITY-ST-ZIP PERRY, FL.TITLE T ☐ DELETE  
NAME KNIGHT, JOHN  
STREET ADDRESS RT. 3 BOX 452  
CITY-ST-ZIP PERRY FL 323474.1 TITLE T ☒ Change ☐ Addition  
4.2 NAME STANTON, KENNETH  
4.3 STREET ADDRESS 104 BRIARWOOD DR.  
4.4 CITY-ST-ZIP PERRY, FL.TITLE T ☐ DELETE  
NAME LAND, HARVEY  
STREET ADDRESS 604 E. QUAIL ST.  
CITY-ST-ZIP PERRY FL 323475.1 TITLE T ☒ Change ☐ Addition  
5.2 NAME ALBERT, KERN  
5.3 STREET ADDRESS 250 JENKINS RD.  
5.4 CITY-ST-ZIP PERRY, FL.TITLE T ☐ DELETE  
NAME MOSES, JAMES H  
STREET ADDRESS RT. 1 BOX 295  
CITY-ST-ZIP PERRY FL 323476.1 TITLE ☐ Change ☐ Addition  
6.2 NAME SAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 HAROLD LAROCQUE, SEC. *Harold Larocque* 2-25-97 904-584-7745

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)