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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name N32227

(3)

NASSAU LODGE NO. 2352 LOYAL ORDER OF MOOSE, INC.

| Principal Place of Business Mailing Address 836 US 17 SOUTH 836 US 17 SOUTH | | | | | | E LABOLICATE BOD TITITO FIBITO HOUSE EIGHT SOOM OFDIT OFDIT AFBIT GEOFF OFFIT | | | | | |
|---|--|------------------------|---------|-----------------|--|--|---------------|--------------------------------|-------------|----------|--|
| | | | | | | | | | | | |
| P.O. BOX 1073 P.O. BOX 1073 | | | | | | | | | | | |
| YULEE FL 32097 YULEE FL 32097-6875 | | | | | | 3. Date Incorporated or Qualified | | | | | |
| 2. Principal Place of Business 2a. Mailing Addr | | | ress | | | 4. FEI Number | | | Applied For | | |
| 21 | | 26 | | | | 59-2939513 Not App | | | t Applicab | | |
| Suite, Ap | t #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | M | \$8.75 Additional Fee Required | | | |
| City & State City & State | | | | | <u>-</u> | 6. Election Campaign Financing | \$5.00 May Be | | | | |
| 23 | | 28 | 28 | | | Trust Fund Contribution | Added to Fees | | | | |
| Zip | Country Zip | | Cou | intry | | 8. This corporation has liability for intangible tax under s. 199.032, | | | | | |
| 24 | 25 29 30 | | | | | Florida Statutes Yes No | | | | | |
| | 9. Name and Address of Cui | rrent Registered Agent | | L., | | 10. Name and Address of New Re | gistered 7 | <u>igent</u> | | | |
| | | | | 81 | Name | | | | | | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | ATION FL 33324 | | 63 | | | | - | | | | |
| 1 (2011) | ANOTHE COOL | | | Ш | | | | | | | |
| | | | | 84 | City | | FL | 85 | Zip C | Code | |
| SIGNATURE | Signature, typed or printed name of registerer | | | | | coration submits this statement for the pation's board of directors. I hereby acception and the statement for the pation's board of directors. I hereby acception's board of directors. I hereby acception acception and the statement of the patients and the statement of the statem | DATE | | | | |
| TITLE | I DS | DELETE | | | | 7.001(10/10/10/10/10/10/10/10/10/10/10/10/10/1 | y <u> </u> | ☐ Ch | | Additio | |
| NAME | SLUDER, LUTHER R | | 1.2 N | | } | | | _ | • | _ | |
| STREET ADDRESS | D D DOY 344 11/4 | | | | ADDRESS | | | | | | |
| CITY-ST-ZIP | YULEE FL 32097 | | | ITY-S | | | | | | | |
| TITLE | DP | OP □ DELETE | | 2.1 TITLE | | | | Ch | ange | Additi | |
| NAME | HESSENAUER, BRIAN | | 2.2 N | AME | | | | | | | |
| STREET ADDRESS | s P.O. BOX 1748 N/A | | 2.3 \$1 | TREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | YULEE FL 32097 | | 2.40 | ::т <u>ү-</u> S | IT-ZIP | | | 4 | | | |
| TITLE | DV | DELETE | 3.1 Tr | TLE | 0 | V | | Ch | nange | Additio | |
| NAME | BAUGUS, JERRY | • | 3.2 N | AME | H | ARRY SHUPOLD | | | | , | |
| STREET ADDRESS | | | 3.3 \$ | TREET | ADDRESS 2 | 155 JOANN RO | | | | | |
| CITY - ST - ZIP | YULEE FL 32097 | | 3.4. C | ITY-S | T-ZIP | WLEE FL 32097 | <u></u> | | | | |
| TITLE | D | ∠ DELETE | 4.1 71 | TLE | | 0 | | Ch | nange | X Additi | |
| NAME | DIETZ, EARL | | 4.21 | AME | 0 | ONNIE PATTON | , | • | | | |
| STREET ADDRESS | s 251 CARDINAL ST | | 4.3 \$ | TREET | ADDRESS | 0 BOX 250 N/A | | | | | |
| CITY-ST-ZIP | YULEE FL 32097 | | 4.4 C | ITY - S | T-ZIP | MIKB FL 32 | 041 | | | | |
| TITLE | D | DELETE | 5.1 TI | TLE | 1/ | 0 | | Ch | ange | Additi | |
| NAME | IRELAND, MIKE | • | 5.2 N | AME | 7 | IM HATFIELD | in ' | | | 7 | |
| STREET ADDRESS | | | 5.3 \$ | TREET | ADDRESS A | 0 0 BOX 1297 N/ | 12 | , | | | |
| CITY-S1-ZIP | YULEE FL 32097 | | 5.4 C | ITY-S | T-ZIP | VILLAG FL 3 | 2041 | • | | | |

D

ROSET, JOHN

YULEE FL 32097

964 LINDSEY KAI CT

TITLE

NAME

STREET ADDRESS

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.

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Addition

FILED

Apr 30 1997 8:00am

Secretary of State