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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32227

1. Corporation Name

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

Principal Place of Business

836 US 17 SOUTH
P.O. BOX 1073
YULEE FL 32097

Mailing Address

836 US 17 SOUTH
P.O. BOX 1073
YULEE FL 32097



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/10/1989

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2939513

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **DS**
SLUDER, LUTHER R
STREET ADDRESS **P.O. BOX 711 N/A**
CITY-ST-ZIP **YULEE FL 32097**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME **DP**
MOODY, TOMMY
STREET ADDRESS **P.O. BOX 1917 N/A**
CITY-ST-ZIP **YULEE FL 32041**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

T
DREW DUPREE
1269 BLACKMON RD
YULEE FL 32097

TITLE ☐ DELETE

NAME **DV**
SHUFORD, HARRY
STREET ADDRESS **2155 JOANN RD.**
CITY-ST-ZIP **YULEE FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME **D**
PATTON, DONNIE
STREET ADDRESS **P.O. BOX 250 N/A**
CITY-ST-ZIP **YULEE FL**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

D
RICHARD WU GEYMORE
1229 TINYA RD
YULEE FL 32097

TITLE ☐ DELETE

NAME **D**
HATFIELD, TIM
STREET ADDRESS **P.O. BOX 1297 N/A**
CITY-ST-ZIP **YULEE FL**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D**
GRANT, REGGIE
STREET ADDRESS **1433 MOSS OAK DR.**
CITY-ST-ZIP **YULEE FL**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE: LUTHER R SLUDER ADM 04-28-99 04 225-0976**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)