FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -7 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000003046 (9)**

1. Corporation Name

SEMINOLE MOOSE LEGION NO. 81, INC.

Principal Place of Business	Mailing Address
6459 PINELOCK DRIVE JACKSONVILLE FL 32211-5735	6459 PINELOCK DRIVE JACKSONVILLE FL 32211-5735

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/16/1994
3a. Date of Last Report:
4. FEI Number: 237134036 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	HOFFMEISTER, WIULLIAM R	1.2 NAME	MICHELE FARALLI
STREET ADDRESS	3941 EVE DRIVE EAST	1.3 STREET ADDRESS	417 Olustee Avenue
CITY-ST-ZIP	JACKSONVILLE FL 32246	1.4 CITY-ST-ZIP	Lake City, Florida,32055-6327
TITLE	VD	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	YOUNG, IRVING	2.2 NAME	NORMAN D. PAYNE
STREET ADDRESS	P.O. BOX 139 N/A	2.3 STREET ADDRESS	1326 OTTAWA AVENUE
CITY-ST-ZIP	HAMPTON FL 32044-0139	2.4 CITY-ST-ZIP	Jacksonville, Florida, 32210-1001
TITLE	SD	3.1 TITLE	SD ☐ Change ☐ Addition
NAME	BIDDLE, DONALD F	3.2 NAME	DONALD F. BIDDLE
STREET ADDRESS	6459 PINELOCK DRIVE	3.3 STREET ADDRESS	6459 PINELOCK DRIVE
CITY-ST-ZIP	JACKSONVILLE FL 32211-5735	3.4 CITY-ST-ZIP	Jacksonville, Florida, 32211-5735
TITLE	TD	4.1 TITLE	TD ☒ Change ☐ Addition
NAME	PAYNE, NORMAN D	4.2 NAME	ROBERT FOX
STREET ADDRESS	1326 OTTAWA AVE.	4.3 STREET ADDRESS	7290 HONDA DRIV■
CITY-ST-ZIP	JACKSONVILLE FL 32210-1001	4.4 CITY-ST-ZIP	Jacksonville, Florida, 32222-2012
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	FARALLI, MICHELE	5.2 NAME	PAUL N. ANGELICO
STREET ADDRESS	417 OLUSTEE AVE.	5.3 STREET ADDRESS	12 BANYAN DRIVE
CITY-ST-ZIP	LAKE CITY FL 32055-6327	5.4 CITY-ST-ZIP	Ocala, Florida, 34472-2050
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	SPITTLE, JOSEPH T SR	6.2 NAME	WILLIAM R. HOFFMEISTER
STREET ADDRESS	ROUTE 1 BOX 43	6.3 STREET ADDRESS	3941 EVE DRIVE EAST
CITY-ST-ZIP	SAN MATEO FL 32187-8707	6.4 CITY-ST-ZIP	Jacksonville, Florida, 32246

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 11 or Block 13 if changed, or on an attachment with an address.

1-904-725-5172

SIGNATURE: DONALD F. BIDDLE, Secretary/Director April 03rd, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0091874