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Jul 18 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000003046 (9)

1. Corporation Name

SEMINOLE MOOSE LEGION NO. 81, INC.



Principal Place of Business

Mailing Address

64
JA



Mr. Donald Biddle
10758 Appaloosa Dr.
Jacksonville, FL 32257



Mr. Donald Biddle
10758 Appaloosa Dr.
Jacksonville, FL 32257

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT 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

3. Date Incorporated or Qualified

06/16/1994

3a. Date of Last Report

01/26/1996

4. FEI Number

23-7134036

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

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

TITLE	2020 01062556 President
NAME	NORMAN D PAYNE
STREET ADDRESS	1326 OTTAWA AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 32210-1001
TITLE	EDWARD BANGERT Director
NAME	EDWARD BANGERT
STREET ADDRESS	POST OFFICE BOX 471
CITY-ST-ZIP	LAKE COMO, FL 32157-0471 N/A
TITLE	DONALD F. BIDDLE Secretary
NAME	DONALD F. BIDDLE
STREET ADDRESS	10758 APPALOOSA DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32257-1245
TITLE	TD
NAME	FOX, ROBERT
STREET ADDRESS	7280 HONDA DRIVE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	KEVIN F COYNE Director
NAME	KEVIN F COYNE
STREET ADDRESS	1632 LISA DAWN DRIVE
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	MERLE HULSLANDER Director
NAME	MERLE HULSLANDER
STREET ADDRESS	POST OFFICE BOX 413
CITY-ST-ZIP	111 ASHLEY STREET HAWTHORNE, FL 32640-0413

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☒ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby 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.

7/14/97

Dep \$61.25

CR2E037 (9/96)