

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N94000004051 (8)

1. Corporation Name

ORANGE BLOSSOM MOOSE LEGION NO. 125, INC.

Principal Place of Business

Mailing Address

3152 KAREN AVE.
LARGO FL

3152 KAREN AVE.
LARGO FL

APPROVED
AND
FILED
26 FEB -2 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200001399862
-02/08/95--01030--001

****130.00 ****130.00
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

08/15/1994

4. FEI Number

Applied For

592078802

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.

Suite, Apt. #, etc.

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

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

Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	FREESTONE, KENNETH
STREET ADDRESS	3426 TH AVE. SE
CITY-ST-ZIP	LARGO FL 34641-2727
TITLE	DV
NAME	WHITE, ROBERT
STREET ADDRESS	12227 HAVANA AVE.
CITY-ST-ZIP	NEW PORT RICHEY FL 34854-3924
TITLE	D
NAME	GIMBRONE, LOUIS J
STREET ADDRESS	1987 TEMPLE TERRACE
CITY-ST-ZIP	CLEARWATER FL 34624-6650
TITLE	DS
NAME	ELAM, EDMUND B
STREET ADDRESS	3152 KAREN AVE.
CITY-ST-ZIP	LARGO FL 34644-1444
TITLE	DT
NAME	FOSTER, CHARLES W
STREET ADDRESS	1617 S. EVERGREEN
CITY-ST-ZIP	CLEARWATER FL 34616-1241
TITLE	D
NAME	DIERKS, PAUL A
STREET ADDRESS	12140 RHONDA TERRACE
CITY-ST-ZIP	SEMINOLE FL 34642-3410

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(3)(k), 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 addressee.

SIGNATURE:

Edmund B. Elam
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

1-13-95 5840132

Initial

Daytime Phone #