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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005881 (6)**

1. Corporation Name

**PORT ORANGE LODGE NO. 2450, LOYAL ORDER OF MOOSE
INC.**

Principal Place of Business

Mailing Address

**5680 S. RIDGEWOOD AVE.
PORT ORANGE FL 32127**

**PO BOX 290186
PORT ORANGE FL 32129-0186**



3. Date Incorporated or Qualified
12/11/1995

3a. Date of Last Report
05/22/1996

2. Principal Place of Business

2a. Mailing Address

21 607 DUNLAWTON AVE

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23 PORT ORANGE FL

28

Zip

Country

Zip

Country

24 32127

25 FL

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 **PD** ☐ DELETE
NAME **RHODES, JAMES**
STREET ADDRESS **578 S GREENWAY DR**
CITY-ST-ZIP **PORT ORANGE FL 32127**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☒ DELETE
NAME **SMITH, GEORGE**
STREET ADDRESS **800 WILDWOOD CT**
CITY-ST-ZIP **PORT ORANGE FL 32127**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **SELF, GENE**
STREET ADDRESS **248 DOWNING DR.**
CITY-ST-ZIP **PORT ORANGE FL 32119**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE
NAME **ERWIN (ED), JENNINGS**
STREET ADDRESS **2323 ANASTASIA DR.**
CITY-ST-ZIP **SOUTH DAYTONA FL 32119**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **TRUS** ☐ DELETE
NAME **KOHNKEN, HERMAN**
STREET ADDRESS **5435 ORANGE AVE.**
CITY-ST-ZIP **PORT ORANGE FL 32127**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **NORTON, EDWARD**
STREET ADDRESS **5543 W BAYSHORE DR**
CITY-ST-ZIP **HARBOR OAKS FL 32127**

6.1 TITLE ☒ Change ☒ Addition
6.2 NAME **TRUSTEE**
6.3 STREET ADDRESS **DALE WILHELM**
6.4 CITY-ST-ZIP **1211 HARBOR POINT DR**
PORT ORANGE FL 32127

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.

SIGNATURE: **GENE SELF** ☒ REQUIRED **See**

54-97 904-760-7645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 0002670

CR2E037 (9/96)