

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 17, 1999 8:00 am  
Secretary of State

05-17-1999 90067 028 \*\*\*\*70.00

DOCUMENT # N95000005881

1. Corporation Name

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

Principal Place of Business

607 DUNLAWTON AVE  
PORT ORANGE FL 32127  
US

Mailing Address

PO BOX 290186  
PORT ORANGE FL 32129-0186



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/11/1995

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3348637

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  
Trust Fund Contribution ☐

\$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 P ☐ DELETE

NAME SZUSA, R  
STREET ADDRESS 115 WHITE IBIS CT  
CITY-ST-ZIP DAYTONA BCH FL 32119

1.1 TITLE ☐ Change ☐ Addition

TITLE S ☐ DELETE

NAME SANDERS, J J  
STREET ADDRESS 350 COLLINS ST  
CITY-ST-ZIP ORMOND BCH FL 32174

2.1 TITLE ☐ Change ☐ Addition

TITLE T ☐ DELETE

NAME JACQUEES, V  
STREET ADDRESS 875 SUGAR HOUSE DR  
CITY-ST-ZIP PORT ORNAGE FL 32119

2.2 NAME ☐ Change ☐ Addition

TITLE T ☐ DELETE

NAME STALLINGS, C A  
STREET ADDRESS 6041 GLADYS ST  
CITY-ST-ZIP PT ORANGE FL 32127

3.1 TITLE ☐ Change ☐ Addition

TITLE T ☐ DELETE

NAME RAHN, G P  
STREET ADDRESS 3168 ROYAL BIRDALE WAY  
CITY-ST-ZIP DAYTONA BCH FL 32124

4.1 TITLE ☐ Change ☐ Addition

TITLE T ☐ DELETE

NAME ELEK, S  
STREET ADDRESS 5 PADDOCK CT  
CITY-ST-ZIP DAYTONA BCH FL 32119

5.1 TITLE ☐ Change ☐ Addition

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:

J. J. SIGNATURE REQUIRED

5/17/99

904 760 3559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)