


# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 724867 (7)</b> 1. Corporation Name <b>SEBRING LODGE NO 2259 LOYAL ORDER OF MOOSE INC</b>		
Principal Place of Business 11675 US 96 P. O. BOX 1685 SEBRING FL 33871	Mailing Address P.O. BOX 1685 SEBRING FL 33871	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/22/1972</b>	3a. Date of Last Report <b>04/28/1995</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-1738641</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM                  1200 SOUTH PINE ISLAND ROAD                  PLANTATION FL 33324</b>				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 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 \_\_\_\_\_ 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 <b>BLOOM, RALPH</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <b>WAYNE H BARTLETT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>7121 ROLLING HILLS RD</b>		1.2 NAME	<b>7532 HONEYSUCKLE DR.</b>	
STREET ADDRESS	<b>SEBRING FL</b>		1.3 STREET ADDRESS	<b>SEBRING FL 33870-6132</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			1.4 CITY-ST-ZIP		
TITLE	TD <b>NEWBERRY, CHARLES</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD <b>MARLYN DRURY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>18- 7TH ST</b>		2.2 NAME	<b>5135 ROANOKE ST.</b>	
STREET ADDRESS	<b>OKEECHOBEE FL</b>		2.3 STREET ADDRESS	<b>SEBRING FL. 33870</b>	
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE	ED <b>EDWARDS, J.D.</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <b>RUSSELL J BOUFFORD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>9214 BRIDLE PATH</b>		3.2 NAME	<b>937 LAKE DRIVE</b>	
STREET ADDRESS	<b>SEBRING FL</b>		3.3 STREET ADDRESS	<b>LORIDA FL. 33857-0238</b>	
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 119.07(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 Address.

SIGNATURE: *Wayne H Bartlett* **WAYNE H BARTLETT** 4/23/96 941-655-2517  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)