2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
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Entity Name: DELAND LODGE NO. 1126, LOYAL ORDER OF MOOSE, INC.

Current Principal Place of Business:

1801 N. VOLUSIA AVE.
ORANGE CITY, FL 32763

Current Mailing Address:

PO BOX 0045
DELAND, FL 32721-7045

FEI Number: 59-0608332

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	GOVERNOR
Name	ACEVEDO, DAVID
Address	717 HAGER ST
City-State-Zip:	DELTONA FL 32725

Title	ADMINASTRATOR
Name	GALLAGHER, JAMES
Address	534 CLEO LN
City-State-Zip:	DELTONA FL 32738

Title	TREASURER
Name	TOVINITTI, SCOTT
Address	460 BLUE SPRINGS RD
City-State-Zip:	ORANGE CITY FL 32763

Title	TRUSTEE 1 YEAR
Name	PURRELL, ROBERT J
Address	1415 RIDGE DR
City-State-Zip:	DELAND FL 32724

Title	PRELATE
Name	BOCCINO, JOHN
Address	790 PARK AVE
City-State-Zip:	ORANGE CITY FL 32763

Title	TRUSTEE, 3 YR
Name	EMOND, RAYMOND SR.
Address	P. O. BOX 5783
City-State-Zip:	DELTONA FL 32728

Title	TRUSTEE 2 YEAR
Name	FOURNIER, JIM
Address	126 SYCAMORE LN
City-State-Zip:	LAKE HELEN FL 32744

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES GALLAGHER ADMINISTRATOR 04/21/2017

Electronic Signature of Signing Officer/Director Detail — Date