

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768851

Entity Name: FOUR TOWNES LODGE NO. 655, LOYAL ORDER OF MOOSE, INC.**FILED**
Apr 13, 2015
Secretary of State
CC8811139350**Current Principal Place of Business:**201 BENSON JCT RD.
DEBARY, FL 32713**Current Mailing Address:**P.O. BOX 531023
DEBARY, FL 32753-1023**FEI Number: 59-2265204****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	TREASURER
Name	CREERON, DANIEL
Address	1887 VIKING AVE
City-State-Zip:	DELTONA FL 32725

Title	PRESIDENT
Name	SHINDLE, DENNIS
Address	P O BOX 530194
City-State-Zip:	DEBARY FL 32753

Title	VP
Name	ROBERT, BESKE
Address	115 SHER LANE
City-State-Zip:	DEBARY FL 32713

Title	SECRETARY
Name	WHEELER, DAVID
Address	2 COLUMBINE TR
City-State-Zip:	DEBARY FL 32713

Title	TRUSTEE
Name	MCLAUGHLIN, TIM
Address	241 ADELAIDE ST
City-State-Zip:	DEBARY FL 32713

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: DAVID WHEELER**ADMINISTRATOR****04/13/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date