

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 768851

**Entity Name:** FOUR TOWNES LODGE NO. 655, LOYAL ORDER OF MOOSE, INC.**FILED**  
**Apr 11, 2013**  
**Secretary of State**  
**CC3879061588****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 JRP  
Name BISHOP, RONALD  
Address 244 LAKEWOOD DR  
City-State-Zip: DEBARY FL 32713Title ADM  
Name BRADSHAW, KEITH  
Address 96 DIRKSEN DR  
City-State-Zip: DEBARY FL 32713Title TRS  
Name SMITH, HOMER J  
Address 207 YORKVILLE PL  
City-State-Zip: DEBARY FL 32713Title TREA  
Name SHINDLE, DENNIS  
Address P O BOX 530194  
City-State-Zip: DEBARY FL 32753Title GOV  
Name CREERON, DANIEL  
Address 1887 VIKING AVE  
City-State-Zip: DELTONA FL 32725Title DIRECTOR  
Name BESKE, ROBERT  
Address 115 SHER LANE  
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: KEITH BRADSHAW****ADMINISTRATOR****04/11/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date