

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 709084 (8)

1. Corporation Name  
**PALM BEACH GARDENS LODGE NO. 2010, LOYAL ORDER OF MOOSE, INC.**

Principal Place of Business 3600 RCA BLVD PALM BCH GDNS FL US	Mailing Address 3600 RCA BLVD PALM BCH GDNS FL 33410 US
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2. Principal Place of Business 21 3600 R.C.A. Blvd. Suite, Apt. #, etc. 22	2a. Mailing Address 26 3600 RCA Blvd Suite, Apt. #, etc. 27
City & State 23 Palm Bch Gdns Fl	City & State 28 Palm Bch Gdns Fl 33410
Zip 24 33410	Country 25 US
	Country 30 US

APPROVED AND FILED  
95 APR 20 PM 12: 04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/03/1965	3a. Date of Last Report 04/05/1994
4. FBI Number 59-1315021	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 FL
86 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	CLETHERO, EDWARD J
STREET ADDRESS	3606 DAISY AVE
CITY-ST-ZIP	PALM BCH GARDENS FL
TITLE	PD
NAME	WATSON, ROBERT
STREET ADDRESS	708 JUNIPER DR.
CITY-ST-ZIP	N. PALM BEACH FL
TITLE	D
NAME	PIETRAS, MICHAEL
STREET ADDRESS	P.O. BOX 32743 N/A
CITY-ST-ZIP	PALM BEACH GARDENS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Clethero, Edward J.	
1.3 STREET ADDRESS	3606 Daisy Ave.	
1.4 CITY-ST-ZIP	Palm Bch Gdns Fl	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Robert Clary	
2.3 STREET ADDRESS	4131 71st Ct.	
2.4 CITY-ST-ZIP	Riviera Bch, Fl	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	John R. Wallace	
3.3 STREET ADDRESS	3818 County Line Rd #113	
3.4 CITY-ST-ZIP	Tequesta Fl	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(3)(b), 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: Edward J. Clethero  
EDWARD J. CLETHERO  
Edward J. Clethero

4-12-95 407-626-4417  
Date Secretary/Exec #