

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90043 023 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 709084 ✓**

1. Corporation Name

PALM BEACH GARDENS LODGE NO.2010,  
 LOYAL ORDER OF MOOSE, INC.

Principal Place of Business

Mailing Address

3600 R.C.A.BLVD.  
 PALM BEACH GARDENS, FLORIDA 33410

2. Principal Place of Business

2a. Mailing Address

21 3600 R.C.A.BLVD.  
 Suite, Apt. #, etc.

26 3600 R.C.A BLVD.  
 Suite, Apt. #, etc.

3. Date Incorporated or Qualified  
 JUNE 6, 1965

4. FEI Number  
 59-1315021

Applied For  
 Not Applicable

22 City & State

27 City & State

23 PALM BEACH GARDENS, FLORIDA  
 Zip Country

28 PALM BEACH GARDENS, FLORIDA  
 Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

24 33410 25 U.S.A.

29 33410 30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEXIS DOCUMENT SERVICES

81 Name  
 LEXIS DOCUMENT SERVICES

82 Street Address (P.O. Box Number is Not Acceptable)  
 3953 W W KELLEY ROAD

83

84 City  
 TALLAHASSEE, FLORIDA FL 85 Zip Code  
 32311

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	GOVERNOR <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE H. HOTT	1.2 NAME	
STREET ADDRESS	12795 PACKWOOD ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL. 33408	1.4 CITY-ST-ZIP	
TITLE	JR. PAST GOVERNOR <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUIS JOHN CHIDO	2.2 NAME	
STREET ADDRESS	6238 LAUDERDALE ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL. 33418	2.4 CITY-ST-ZIP	
TITLE	JR. GOVERNOR <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM H. HOLL	3.2 NAME	
STREET ADDRESS	401 LAKE SHORE DR. #701	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PARK, FL. 33403	3.4 CITY-ST-ZIP	
TITLE	PRELATE <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTOPHER NICHOLS	4.2 NAME	
STREET ADDRESS	15629 95TH. AVE. N.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL. 33478	4.4 CITY-ST-ZIP	
TITLE	TREASURER <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD J. PHILLIPS	5.2 NAME	
STREET ADDRESS	8755 COCONUT BLVD. 33412-2626	5.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL.	5.4 CITY-ST-ZIP	
TITLE	TRUSTEE(1 year) <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT L. HANSEN	6.2 NAME	
STREET ADDRESS	552 FLOTILLA ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL. 33408-4827	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Stephen Pfeiffer* **STEPHEN PFEIFFER** 5-11-99 561-6264417  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)