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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 710187 (6)
1. Corporation Name
STUART LODGE NO 1282, LOYAL ORDER OF MOOSE, INC.



Principal Place of Business 2454 SE INDIAN AVENUE P.O. BOX 506 STUART FL 34995	Mailing Address 2454 SE INDIAN AVENUE P.O. BOX 506 STUART FL 34995-0506
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3. Date Incorporated or Qualified 01/10/1966	3a. Date of Last Report 04/22/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 23-7161400	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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	
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 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HARTLEY, JAMES	
STREET ADDRESS	2573 MARIPOSA	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	GD	<input type="checkbox"/> DELETE
NAME	DOWD, PAUL	
STREET ADDRESS	7710 SE FORK RIVER DRIVE	
CITY-ST-ZIP	STUART FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BILLINGS, CHARLES	
STREET ADDRESS	1601 E 11TH ST	
CITY-ST-ZIP	STUART FL	
TITLE	DPG	<input type="checkbox"/> DELETE
NAME	NEFF, GLENN	
STREET ADDRESS	2908 AMHURST	
CITY-ST-ZIP	STUART FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	JONES, ROBERT T	
STREET ADDRESS	2454 SE INDIAN ST	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HELMS, JOHN	
STREET ADDRESS	3047 SW CEDAR TRAIL	
CITY-ST-ZIP	PALM CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FEEMING, STAN	
1.3 STREET ADDRESS	2454 SE INDIAN ST.	
1.4 CITY-ST-ZIP	STUART, FL, 34997	
2.1 TITLE	GD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NEFF, GLENN O	
2.3 STREET ADDRESS	2908 AMHURST ST.	
2.4 CITY-ST-ZIP	STUART, FL 34997	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DPG	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HARTLEY, JAMES	
4.3 STREET ADDRESS	2573 MARIPOSA	
4.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	
5.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BRADY, MIKE	
5.3 STREET ADDRESS	2962 SW VANBUREN TERR.	
5.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34953	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DIBENEDETTO, ANDREW	
6.3 STREET ADDRESS	2944 SE INDIAN ST.	
6.4 CITY-ST-ZIP	STUART, FL, 34997	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 _____ DATE _____

CR2E037 (9/96)