

FILE NOW: FILING FEE IS \$61.25

FILED
May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortimer 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		3. Date Incorporated or Qualified 01/10/1966
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 23-7161400
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
23	Zip	28	Country	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <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				85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)				FL	
83				84 City	
84 City				85 Zip Code	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	DE ADMINISTRATOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEEMING, STAN	1.2 NAME	Mike Brady
STREET ADDRESS	2454 SE INDIAN ST	1.3 STREET ADDRESS	2962 SW VAN BUREN TERR
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	PT ST LUCIE FL. 34953
TITLE	GO	2.1 TITLE	PT TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEFF, GLENN O.	2.2 NAME	THOMAS TAYLOR
STREET ADDRESS	2008 AMHURST ST	2.3 STREET ADDRESS	1950 PALM CITY ROAD - 104
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	STUART, FL. 34994
TITLE	DS	3.1 TITLE	GO GOVERNOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILLINGS, CHARLES	3.2 NAME	JAMES H. SMITH
STREET ADDRESS	1601 E 11TH ST	3.3 STREET ADDRESS	8050 SE. RIVER LN.
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	STUART, FL. 34997
TITLE	DPG	4.1 TITLE	DR JR. GOVERNOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARTLEY, JAMES	4.2 NAME	WILLIAM CAULTON
STREET ADDRESS	2573 MARIPOSA	4.3 STREET ADDRESS	5000 SE. FED. HWY LOT 102
CITY-ST-ZIP	PT ST LUCIE FL	4.4 CITY-ST-ZIP	STUART, FL. 34997
TITLE	DT	5.1 TITLE	DR JR. PAST GOVERNOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRADY, MIKE	5.2 NAME	GLENN O. NEFF
STREET ADDRESS	2962 SW VANBUREN TERR	5.3 STREET ADDRESS	2908 AMHURST ST.
CITY-ST-ZIP	PT ST LUCIE FL	5.4 CITY-ST-ZIP	STUART, FL. 34997
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIBENDEDETTO, ANDREW	6.2 NAME	
STREET ADDRESS	2944 SE INDIAN ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	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.

SIGNATURE: *Glenn O. Neff* *Mike P. Brady* /19/98 561-287-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0073049

CR2E037 (10/97)