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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 711455

1. Corporation Name
GOLDEN TRIANGLE LODGE NO. 874, LOYAL ORDER OF MOOSE, INC.

Principal Place of Business 1901 TITCOMB ST P O BOX 1370 EUSTIS FL 32727-8370	Mailing Address 1901 TITCOMB ST P O BOX 1370 EUSTIS FL 32727-8370
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/08/1966
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1278267
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	84	City
82	Street Address (P.O. Box Number is Not Acceptable)	85	Zip Code
83		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE GD	ORDAZZO, ROBERT W SR 4301 LN HWY 19-A UNIT 258 MT DORA FL 32757	1.1 TITLE GD	STEVEN OSTROM 36245 CLEAR LAKE DR EUSTIS, FL 32726
<input checked="" type="checkbox"/> DELETE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE SD	CISCH, TIMOTHY A 2824 MANATEE RD. TAVARES FL	2.1 TITLE	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE TDG	SMITH, RICHARD 1302 S CENTER ST EUSTIS FL 32726	3.1 TITLE TDG	RICHARD ANTHONY 806 DORA AVE. TAVARES, FL 32778
<input checked="" type="checkbox"/> DELETE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE PD	WOODRING, JAN R 33225 LAKESHORE DR TAVARES FL 32778	4.1 TITLE PD	RICHARD MATTHIJSSEN 1918 SYCAMORE CIRCLE TAVARES, FL 32778
<input checked="" type="checkbox"/> DELETE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE TD	COOPER, JOHN L 1922 CORNELIA DR EUSTIS FL 32726	5.1 TITLE TD	DONALD HARDSAW 1240 HOLIDAY DR. EUSTIS, FL 32726
<input checked="" type="checkbox"/> DELETE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE T	GOLLIE, ROBERT T 2726 LAKEWOOD LN EUSTIS FL 32726	6.1 TITLE T	ARTHUR MILLER 836 WEDGEWOOD DR. MT. DORA, FL 32757
<input checked="" type="checkbox"/> DELETE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ SIGNATURE REQUIRED _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/20/99 Daytime Phone #: 352-357-6512

CR2E037 (1/98)