FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 28 PM 7:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **713261** **(6)**

1. Corporation Name

HALLANDALE MOOSE LODGE NO 668, LOYAL ORDER OF MO OSE, INCORPORATED

Principal Place of Business	Mailing Address
920-24 S.W. 11TH ST. HALLANDALE FL 33009-6822	920-24 S.W. 11TH ST. HALLANDALE FL 33009-6822

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/28/1967**
3a. Date of Last Report: **05/13/1994**
4. FEI Number: **59-1571805** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 920-924 SW 11TH ST	26 SAME
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 HALLANDALE FL 33009	28 SAME
24 33009-6822	29 SAME
25 BROWARD	30 SAME

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	GD	1.1 TITLE	STEIN G D	☑ Change ☐ Addition
NAME	SICKERS, LESTER F	1.2 NAME	STEIN, ROBERT	
STREET ADDRESS	710 S. 62 AVE.	1.3 STREET ADDRESS	321 S.W. 11TH AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33023	1.4 CITY-ST-ZIP	HALLANDALE, FL 33009-6128	
TITLE	TD	2.1 TITLE	T.D.	☑ Change ☐ Addition
NAME	RYDER, JOHN G	2.2 NAME	PLEVIN, THOMAS B.	
STREET ADDRESS	2401 SUSAN LANE	2.3 STREET ADDRESS	729 SW. 7TH CT	
CITY-ST-ZIP	PEMBROKE PARK FL 33009	2.4 CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	SAD	3.1 TITLE	SAD	☑ Change ☐ Addition
NAME	PLEVIN, THOMAS B	3.2 NAME	TURNER, DAVID A. SR.	
STREET ADDRESS	729 S.W. 7TH CT.	3.3 STREET ADDRESS	400 SE 9TH CT. #4	
CITY-ST-ZIP	HALLANDALE FL 33009	3.4 CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 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: David A Turner Sr. DAVID A. TURNER SR 04-22-95 305-456-8719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001227