

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 713261 (6)

1. Corporation Name

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

Principal Place of Business

Mailing Address

920-24 S.W. 11TH ST.
HALLANDALE FL 33009-6822
US

920-24 S.W. 11TH ST.
HALLANDALE FL 33009-6822



3. Date Incorporated or Qualified
08/28/1967

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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

☐ DELETE

☐ Change ☐ Addition

☐ DELETE

☐ Change ☐ Addition

☒ DELETE

☐ Change ☒ Addition

☐ DELETE

☐ Change ☐ Addition

☐ DELETE

☐ Change ☐ Addition

☐ DELETE

☐ Change ☐ Addition

☐ DELETE

☐ Change ☐ Addition

TITLE	GD	☐ DELETE
NAME	STEIN, ROBERT	
STREET ADDRESS	321 SW 11TH AVE	
CITY - ST - ZIP	HALLANDALE FL	
TITLE	TD	☐ DELETE
NAME	PLEVIN, THOMAS B.	
STREET ADDRESS	729 SW 7TH CT	
CITY - ST - ZIP	HALLANDALE FL	
TITLE	SAD	☒ DELETE
NAME	TURNER, DAVID A. S	
STREET ADDRESS	400 SE 9TH CT #4	
CITY - ST - ZIP	HALLANDALE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	SAD	☐ Change ☒ Addition
3.2 NAME	GERALD J BLAIS	
3.3 STREET ADDRESS	13590 HIGHLAND DR	
3.4 CITY - ST - ZIP	N MIAMI BEACH 33187	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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:

[Signature] : **GERALD J BLAIS** 02-20-96 305-456-8719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)