SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1998-99

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

FILED
99 APR 14 PM 12:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

000347

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

81 Name

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

F00002854176--5
-04/27/99--01098--002
****297.50 ****297.50

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.

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

SIGNATURE Barbara A. Burke 4-13-99
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		
TITLE	GD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TURNER, DAVID A SR		1.2 NAME		
STREET ADDRESS	P O BOX 3543 400 SE 9TH CT APT #4		1.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL		1.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LIS, JR J F		2.2 NAME	REINSTATEMENT	
STREET ADDRESS	601 SW 2ND ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL		2.4 CITY-ST-ZIP		
TITLE	SAD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SICKELS, LESTER F		3.2 NAME		
STREET ADDRESS	710 S 62ND AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	GD	☒ Change ☐ Addition
NAME			4.2 NAME	ROBERT RAMOS	
STREET ADDRESS			4.3 STREET ADDRESS	627 SW 7TH AVE	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE		☐ DELETE	5.1 TITLE	TD	☒ Change ☐ Addition
NAME			5.2 NAME	RICK ELMORE	
STREET ADDRESS			5.3 STREET ADDRESS	711 SW 2 AVE	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE		☐ DELETE	6.1 TITLE	SD	☒ Change ☐ Addition
NAME			6.2 NAME	TOM PLEVIN	
STREET ADDRESS			6.3 STREET ADDRESS	2020 98TH TERR. APT. 1NF	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33024	

CR2E037 (5/98)

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: [signature] 9-14-98 954-456-8719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ROBERT RAMOS 3/5/99 954-456-8719