

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 715372 (9)

1. Corporation Name

FORT WALTON BEACH LODGE NO. 2193, LOYAL ORDER OF MOOSE, INC.



Principal Place of Business 187 G GREEN ACRES ROAD P.O. BOX 1733 FT. WALTON BEACH FL 32549	Mailing Address 187 G GREEN ACRES ROAD P.O. BOX 1733 FT. WALTON BEACH FL 32549
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3. Date Incorporated or Qualified 10/07/1968	3a. Date of Last Report 05/01/1995
4. FEI Number 59-1361953	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
82 Street Address (P.O. Box Number is Not Acceptable)
83 **000001834700**
05/22/96--01039--048
84 City *****61.25** 85 Zip Code **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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NICKEL, FRANK A. 361 KEPNER DR FT. WALTON BEACH FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Macks, Earnest 813 Westwood Dr. FWB, FL. 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE BONNER, HENRY W. 114B CEDAR STREET ELGIN AFB FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kass, Nick 725 DuBois Dr. FWB, FL. 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> DELETE DEERE, BARRY M. 825 GIBSON ROAD FT WALTON BEACH FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Deere, Barry 825 Gibson Rd. FWB, FL. 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE JACKSON, DALE 2508 ANDORRA NAVARRE FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition McGinley, John 1013A Pineview Blvd. #A FWB, FL. 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE SCHUMAKER, THOMAS R. 2105 WILDERNESS PATH FT WALTON BEACH FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Blair, Bruce P.O. Box 732 Shalimar, Fl. 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> DELETE KING, JAMES R. 336 LEWIS STREET FT. WALTON BEACH FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Riddle, Robert 423 Webster St. FWB, FL. 32547

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: **Barry M. Deere** 4-22-96 862-7698
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)