


FILE NOW: FILING FEE IS \$61.25

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Jun 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 715372 (9)**

1. Corporation Name  
**FORT WALTON BEACH LODGE NO. 2193, LOYAL ORDER OF MOOSE, INC.**

Principal Place of Business <b>187 G GREEN ACRES ROAD P.O. BOX 1733 FT. WALTON BEACH FL 32549</b>	Mailing Address <b>187 G GREEN ACRES ROAD P.O. BOX 1733 FT. WALTON BEACH FL 32549-1733</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/07/1968</b>	3a. Date of Last Report <b>05/21/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-1361953</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Zip	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		

**9. Name and Address of Current Registered Agent**

**E 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  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>MACKS, EARNEST</b>
STREET ADDRESS	<b>813 WESTWOOD DR.</b>
CITY-ST-ZIP	<b>FT. WALTON BEACH FL 32548</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>KASS, NICK</b>
STREET ADDRESS	<b>725 DUBOIS DR.</b>
CITY-ST-ZIP	<b>FT. WALTON BEACH FL 32547</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>DEERE, BARRY</b>
STREET ADDRESS	<b>825 GIBSON RD.</b>
CITY-ST-ZIP	<b>FT. WALTON BEACH FL 32547</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MCGINLEY, JOHN</b>
STREET ADDRESS	<b>1013-A PINEVIEW BLVD., #A</b>
CITY-ST-ZIP	<b>FT. WALTON BEACH FL 32547</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BLAIR, BRUCE</b>
STREET ADDRESS	<b>PO BOX 732 (N/A)</b>
CITY-ST-ZIP	<b>FT WALTON BEACH FL 32579</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>RIDDLE, ROBERT</b>
STREET ADDRESS	<b>423 WEBSTER ST.</b>
CITY-ST-ZIP	<b>FT. WALTON BEACH FL 32547</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Walter Montpetit</b>
2.3 STREET ADDRESS	<b>636 Merioneth Dr. NE</b>
2.4 CITY-ST-ZIP	<b>Ft. Walton Beach, FL 32547</b>
3.1 TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Terrence Huston</b>
3.3 STREET ADDRESS	<b>106 Ferry Rd.</b>
3.4 CITY-ST-ZIP	<b>Ft. Walton Beach, FL 32548</b>
4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>William C. Hall</b>
4.3 STREET ADDRESS	<b>709 Spencer Dr.</b>
4.4 CITY-ST-ZIP	<b>Ft. Walton Beach, FL 32547</b>
5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Lebron Harmon</b>
5.3 STREET ADDRESS	<b>710 Legion Dr, I14</b>
5.4 CITY-ST-ZIP	<b>Destin FL 32541</b>
6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Henry Shipman</b>
6.3 STREET ADDRESS	<b>P.O. Box 6141</b>
6.4 CITY-ST-ZIP	<b>Destin FL 32541</b>

14. I do 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.

7-2-97

CR2E037 (9/96)

N/A