

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 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

4. FEI Number 59-1361953	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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

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	
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 ADMINISTRATOR Terrence L. Huston DATE 5 JAN 98

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MACKS, EARNEST	
STREET ADDRESS	813 WESTWOOD DR.	
CITY - ST - ZIP	FT. WALTON BEACH FL 32548	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MONTPETIT, WALTER	
STREET ADDRESS	636 MERIONETH DR NE	
CITY - ST - ZIP	FT WALTON BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HUSTON, TERRENCE	
STREET ADDRESS	106 FERRY RD	
CITY - ST - ZIP	FT WALTON BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HALL, WILLIAM C	
STREET ADDRESS	709 SPENCER DR	
CITY - ST - ZIP	FT. WALTON BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARMON, LEBRON	
STREET ADDRESS	710 LEGION DR I-4	
CITY - ST - ZIP	DESTIN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHIPMAN, HENRY	
STREET ADDRESS	P-O BOX 8141 RTA. 1819 HEMTLAND O.	
CITY - ST - ZIP	DESTIN FL FT WALTON BEACH, FLA 32547	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GOVERNOR
1.3 STREET ADDRESS	EARNEST MACKS
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: T. L. HUSTON Terrence L. Huston 16 JAN 98 852-8068

CR2E037 (10/97)