FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:08

DOCUMENT # 722689 (7)

1. Corporation Name
DAVIE LODGE NO. 1798, LOYAL ORDER OF MOOSE, INC.

Principal Place of Business	Mailing Address
4365 S.W. 60 AVE. DAVIE FL 33314	4365 S.W. 60 AVE. DAVIE FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/16/1972
3a. Date of Last Report: 06/21/1994
4. FEI Number: 59-1397971 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has elected to be a limited liability company under s. 608.432, Florida Statutes ☐ 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 / County 25	Zip 29 / County 30

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (If NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	D ☑ Change ☐ Addition
NAME	FRANZELLO, EUGENE	12 NAME	WILLIAM C DIXON JR
STREET ADDRESS	4163 SW 67TH AVENUE	13 STREET ADDRESS	7011 COOLIDGE ST
CITY-ST-ZIP	DAVIE FL	14 CITY-ST-ZIP	HOLLYWOOD FL 33024
TITLE	D	21 TITLE	D ☑ Change ☐ Addition
NAME	LAROCCA, ANTHONY D	22 NAME	WILLIAM SHIFLETT
STREET ADDRESS	4365 S.W. 60TH AVENUE	23 STREET ADDRESS	3057 S.W. 38TH TERR
CITY-ST-ZIP	DAVIE FL	24 CITY-ST-ZIP	HACIENDA MOBIL PK DAVIE FL 33314
TITLE	D	31 TITLE	D ☑ Change ☐ Addition
NAME	HELLOWELL, ROBERT	32 NAME	ANTHONY D LAROCCA
STREET ADDRESS	7870 NW 16TH STREET	33 STREET ADDRESS	4365 S.W. 60TH AVE
CITY-ST-ZIP	PEMBROKE PINES FL	34 CITY-ST-ZIP	DAVIE FL 33314
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: _____ 4-28-95 305-761-5191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010068