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Jan 20 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 # **723908** (0)
1. Corporation Name
LEHIGH ACRES LODGE NO. 2266 LOYAL ORDER OF MOOSE, INC.

Principal Place of Business 210 HOMESTEAD ROAD LEHIGH ACRES FL 33936	Mailing Address 210 HOMESTEAD ROAD LEHIGH ACRES FL 33936
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3. Date Incorporated or Qualified
07/19/1972
4. FEI Number
23-7520375
Applied For
Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	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 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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	84 City	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

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	SD KERNER, CARL F. 1313 ROOSEVELT DR LEHIGH ACRES FL 33936	1.1 TITLE	P/D
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TD HAMILTON, HOWARD 2100 LAURA LN LEHIGH ACRES FL	2.1 TITLE	S/D
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DV MORRIS, DAVID 297 E. JERSEY AVENUE LEHIGH ACRES FL	3.1 TITLE	RTR
NAME		3.2 NAME	STANLEY VINER
STREET ADDRESS		3.3 STREET ADDRESS	1513 HONOR CT
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Lehigh Acres, FL. 33971
TITLE	D SHORT, J OHN 472 VALLEY DR LEHIGH ACRES FL	4.1 TITLE	TR
NAME		4.2 NAME	CHUCK BRUNNEL
STREET ADDRESS		4.3 STREET ADDRESS	206 LOWRY AVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Lehigh Acres, FL. 33936
TITLE	D GALLAGHER, JOHN 422 GREENWOOD AVE LEHIGH ACRES FL	5.1 TITLE	T/D
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	MP HOPPER, HENRY 311 DRTMOUTH RD LEHIGH ACRES FL	6.1 TITLE	V/D
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Howard D. Hamilton* **HOWARD D. HAMILTON** 1/8/98 941-368-2266

CR2E037 (10/97)