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04-29-1999 90185 008 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 724213

1. Corporation Name

**ZEPHYRHILLS LODGE NO.2276, LOYAL ORDER OF MOOSE,
 INC**

1 10000 0000 0000 0000 0000 0000 0000 0000 0000
 * 4 4 7 5 8 *
 447595 - 90185 - 8

Principal Place of Business
 3211 GALL BLVD.
 ZEPHYRHILLS FL 33541-6879

Mailing Address
 3211 GALL BLVD.
 ZEPHYRHILLS FL 33541-6879



| | | | | | |
|--------------------------------|--|------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 08/28/1972 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | |
| 23 Zip | | 28 Zip | | 59-1406036 | |
| 24 Country | | 29 Country | | 5. Certificate of Status Desired <input type="checkbox"/> | |
| 25 | | 30 | | \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | |
| | | | | \$5.00 May Be Added to Fees | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | | | 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | P <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MONK, JEROME | 1.2 NAME | Goldensoph, Jeffrey |
| STREET ADDRESS | 36814 TERESA RD | 1.3 STREET ADDRESS | 36834 Coleman Ave. |
| CITY-ST-ZIP | DADE CITY FL 33523 | 1.4 CITY-ST-ZIP | Dade City, FL 33525 |
| TITLE | SA <input type="checkbox"/> DELETE | 2.1 TITLE | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DOWNEY, KENNETH | 2.2 NAME | Hamel, Paul |
| STREET ADDRESS | 3224 BLUE LAGOON DR | 2.3 STREET ADDRESS | 3715 Crystal Springs Dr. |
| CITY-ST-ZIP | ZEPHYRHILLS FL 33541 | 2.4 CITY-ST-ZIP | Zephyrhills, FL 33541 |
| TITLE | T <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | STRAHAN, EARL | 3.2 NAME | Chelmev, Donald |
| STREET ADDRESS | 4936 LAMAR RD | 3.3 STREET ADDRESS | 5302 Astrid Dr. |
| CITY-ST-ZIP | ZEPHYRHILLS FL 33541 | 3.4 CITY-ST-ZIP | Zephyrhills, FL 33541 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BIHLER, HARRY | 4.2 NAME | Burgess, Kenneth Sr. |
| STREET ADDRESS | 6305 N FLETCHER RD | 4.3 STREET ADDRESS | 6845 Oakcrest Way |
| CITY-ST-ZIP | PLANT CITY FL 33565 | 4.4 CITY-ST-ZIP | Zephyrhills, FL 33540 |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | Tr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GOLDENSOPH, JEFFREY | 5.2 NAME | Downey, Ken |
| STREET ADDRESS | 36834 COLEMAN AVE | 5.3 STREET ADDRESS | 3224 Blue Lagoon Dr. |
| CITY-ST-ZIP | DADE CITY FL 33525 | 5.4 CITY-ST-ZIP | Zephyrhills, FL 33541 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | Tr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FRANKLIN, CHARLES | 6.2 NAME | Markoski, Stan |
| STREET ADDRESS | 7412 FORBES ROAD | 6.3 STREET ADDRESS | 37251 Chancey Rd. |
| CITY-ST-ZIP | ZEPHYRHILLS FL 33540 | 6.4 CITY-ST-ZIP | Zephyrhills, FL 33541 |

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, with all other like empowered.

SIGNATURE: Resignature Required 4/23/99 782-1771
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)