

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727218 (0)

1. Corporation Name
ARCADIA LODGE NO. 1327, LOYAL ORDER OF MOOSE, IN C.



Principal Place of Business 1121 W. OAK ST. ARCADIA FL 33821	Mailing Address 1121 W. OAK ST. ARCADIA FL 33821
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3. Date Incorporated or Qualified 08/21/1973	3a. Date of Last Report 05/22/1995
4. FEI Number 23-7185233	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**ADAMSON, TIMOTHY
 137 NORTH HERNANDO AVE
 ARCADIA FL 33821**

10. Name and Address of New Registered Agent

**81 Name
 ANDEL, ANDY
 82 Street Address (P.O. Box Number is Not Acceptable)
 4597 N.W. HIGHLAND ST.
 83
 84 City
 ARCADIA FL 85 Zip Code
 33821**

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 board of directors, and I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE ANDY ANDEL GOVERNOR *[Signature]* 1/24/96
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 P	WALKER, HADLEY P.O. BOX 1122 N/A ARCADIA FL 33821	<input checked="" type="checkbox"/> DELETE
TITLE V	WHITE, LLOY E P.O. BOX 491 N/A NOCATE FL 33864	<input checked="" type="checkbox"/> DELETE
TITLE T	BEVANS, GENE 206 EAST PALMETTO ARCADIA FL	<input checked="" type="checkbox"/> DELETE
TITLE D	THOMPSON, LYLE POST OFFICE BOX 847 N/A ARCADIA FL	<input checked="" type="checkbox"/> DELETE
TITLE D	WILSON, RAY 1212 MARTHA ARCADIA FL	<input checked="" type="checkbox"/> DELETE
TITLE D	MARTIN, ROBERT F 2998 NW HWY 70 ARCADIA FL 33821	<input checked="" type="checkbox"/> DELETE
1.1 TITLE	GOVERNOR ANDEL, ANDY 4597 N.W. HIGHLAND ST. ARCADIA, FL 33821	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	JR. - GOVERNOR TAYLOR, ERNIE 1077 N.W. PINE CREEK AVS. ARCADIA, FL 33821	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	TREASURER HALL, DAVID RT 2, BOX 729-H ARCADIA, FL 33821	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	TRUSTEE MOORMAN, STEVE 30 W. OAK ST., OTS 103 ARCADIA, FL 33821	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	TRUSTEE MANSFIELD, JURIL 7519 S.E. PINE ISLAND RD ARCADIA, FL 33821	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE	TRUSTEE BROWN, MATT 408 N. MAUNTEE ARCADIA, FL 33821	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: ANDY ANDEL GOVERNOR *[Signature]* 1/24/96 941-494-0999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Phone #

CR2E037 (12/95)