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Jan 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 727218 (0)  
1. Corporation Name  
ARCADIA LODGE NO. 1327, LOYAL ORDER OF MOOSE, IN C.



Principal Place of Business Mailing Address  
1121 W. OAK ST. ARCADIA FL 33821 1121 W. OAK ST. ARCADIA FL 34266-3373

3. Date Incorporated or Qualified 08/21/1973 3a. Date of Last Report 01/31/1996  
4. FEI Number 23-7185233 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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 34266 25 29 30

9. Name and Address of Current Registered Agent  
ANDEL, ANDY  
4597 NW HIGHLAND ST.  
ARCADIA FL 33821

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 34266

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]* ADMINISTRATOR 1-14-97 DATE

12. OFFICERS AND DIRECTORS

TITLE	G	<input type="checkbox"/> DELETE
NAME	ANDEL, ANDY	
STREET ADDRESS	4597 NW HIGHLAND ST.	
CITY-ST-ZIP	ARCADIA FL	
TITLE	G	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, ERNIE	
STREET ADDRESS	1077 NW PINE CREEK AVE.	
CITY-ST-ZIP	ARCADIA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HALL, DAVID	
STREET ADDRESS	RT. 2, BOX 729-H	
CITY-ST-ZIP	ARCADIA FL	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	MOORMAN, STEVE	
STREET ADDRESS	30 W, OAK ST. #103	
CITY-ST-ZIP	ARCADIA FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	MANSFIELD, JURIL	
STREET ADDRESS	7519 SE PINE ISLAND RD.	
CITY-ST-ZIP	ARCADIA FL	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, MATT	
STREET ADDRESS	403 N. MANATEE	
CITY-ST-ZIP	ARCADIA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ADMINISTRATOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	JR GOVERNOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JEFF PITCH	
2.3 STREET ADDRESS	1419 CONNEAUT ST.	
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	TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	EARL E BEVENS	
4.3 STREET ADDRESS	5792 NE HWY 17 Lot C10A	
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	TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	RICHARD HILL	
6.3 STREET ADDRESS	2626 Hwy 70 Lot 355	
6.4 CITY-ST-ZIP		

14. I do 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: *[Signature]* ADMINISTRATOR 1-14-97 94-494-4882 DATE

CR2E037 (9/96)