

FILE NOW: FILING FEE IS \$61.25

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Jan 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 1121 W. OAK ST. ARCADIA FL 33821
Mailing Address: 1121 W. OAK ST. ARCADIA FL 33821

3. Date Incorporated or Qualified: 08/21/1973
4. FEI Number: 23-7185233
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. Arcadia
22 City & State: Arcadia, FL
23 Zip: 34266 Country: Desoto
24 25 26 27 28 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: [Signature]
82 Street Address (P.O. Box Number is Not Acceptable): [Signature]
83 [Signature]
84 City: [Signature] 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] DATE: 1-8-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	A	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDEL, ANDY	1.2 NAME	
STREET ADDRESS	4597 NW HIGHLAND ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL	1.4 CITY-ST-ZIP	
TITLE	G	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PITCH, JEFF	2.2 NAME	Jr Governor
STREET ADDRESS	1419 CONNEAUT STREET	2.3 STREET ADDRESS	Ed White
CITY-ST-ZIP	ARCADIA FL	2.4 CITY-ST-ZIP	6874 SW Miami Ave. Arcadia, FL 34266
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL, DAVID	3.2 NAME	Treasurer
STREET ADDRESS	RT. 2, BOX 729-H	3.3 STREET ADDRESS	Rick Georges, Sr.
CITY-ST-ZIP	ARCADIA FL	3.4 CITY-ST-ZIP	63 Rio Vista Dr. Arcadia, FL 34266
TITLE	TR	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEVENS, EARL E.	4.2 NAME	Governor
STREET ADDRESS	5792 NE HIGHWAY 17 LOT C10A	4.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL	4.4 CITY-ST-ZIP	
TITLE	TR	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANSFIELD, JURIL	5.2 NAME	Trustee
STREET ADDRESS	7519 SE PINE ISLAND RD.	5.3 STREET ADDRESS	Steve Yusko
CITY-ST-ZIP	ARCADIA FL	5.4 CITY-ST-ZIP	5905 NE Hwy 17, Lot 299 Arcadia, FL 34266
TITLE	TR	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, RICHARD	6.2 NAME	700002408201
STREET ADDRESS	262 HIGHWAY 70 LOT 356	6.3 STREET ADDRESS	-01/22/98--01021--002
CITY-ST-ZIP	ARCADIA FL	6.4 CITY-ST-ZIP	***61.25

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: [Signature] DATE: 1-8-98

CR2E037 (10/97)