

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 729563 (7)

1. Corporation Name

LARGO MOOSE LODGE NO. 2205 LOYAL ORDER OF MOOSE, INC.

95 JUN 18 11 9:11

Principal Place of Business Mailing Address
11616 87TH ST N 11616 87TH ST N
LARGO FL 34643 LARGO FL 34643

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/06/1974	3a. Date of Last Report 03/11/1994
4. FEI Number 23-7327002	Applied For 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when new address)
Signature (typed or printed name of registered agent and title if applicable) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEARS, ROBERT	12 NAME	
STREET ADDRESS	12361 114TH ST N	13 STREET ADDRESS	
CITY - ST - ZIP	LARGO FL	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAMANINI, CLARENCE	22 NAME	
STREET ADDRESS	11185 70TH AVENUE N.	23 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE FL	24 CITY - ST - ZIP	
TITLE	S	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELAM, EDMUND B.	32 NAME	
STREET ADDRESS	3152 KAREN AVE.	33 STREET ADDRESS	
CITY - ST - ZIP	LARGO FL	34 CITY - ST - ZIP	
TITLE	VD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEEGAN, JIM	42 NAME	
STREET ADDRESS	9933 88TH ST. N.	43 STREET ADDRESS	
CITY - ST - ZIP	LARGO FL	44 CITY - ST - ZIP	
TITLE	PD	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUFFO, THOMAS J	52 NAME	
STREET ADDRESS	5855 108TH AVE N	53 STREET ADDRESS	
CITY - ST - ZIP	PINELLAS PARK FL	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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(2)(b), 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 in person. 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: Edmund B. Elam 397-9677
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR