

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

96 SEP 16 AM 9:49

DOCUMENT # 729563 (7)

1. Corporation Name
LARGO MOOSE LODGE NO. 2205 LOYAL ORDER OF MOOSE, INC.



BK 9/26/96

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/06/1974	3a. Date of Last Report 01/18/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 23-7327002	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	FL 85 Zip Code

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, 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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEARS, ROBERT	1.2 NAME	
STREET ADDRESS	12361 114TH ST N	1.3 STREET ADDRESS	700001963127
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	-10/02/96--0107U--007
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	*****61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAMANINI, CLARENCE	2.2 NAME	
STREET ADDRESS	11185 70TH AVENUE N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELAM, EDMUND B.	3.2 NAME	DAVID C. FRASER
STREET ADDRESS	3152 KAREN AVE.	3.3 STREET ADDRESS	See
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	10754 DOROTHY LN
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	LARGO, FL. 33774-4838
NAME	MEEGAN, JIM	4.2 NAME	
STREET ADDRESS	9933 88TH ST. N.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUFFO, THOMAS J	5.2 NAME	
STREET ADDRESS	5855 108TH AVE N	5.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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(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: *Jim Meehan* *Jim Meehan* Date: **8-5-96** Daytime Phone #

CR2E037 (3/96)