

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 17 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 # 729563 (7)**

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



Principal Place of Business: 11616 87TH STREET NORTH, LARGO FL 34643  
 Mailing Address: 11616 87TH STREET NORTH, LARGO FL 33773-4905

3. Date Incorporated or Qualified: 05/06/1974  
 3a. Date of Last Report: 09/16/1996

2. Principal Place of Business (21-24): Suite, Apt. #, etc.; City & State; Zip; Country  
 2a. Mailing Address (26-29): Suite, Apt. #, etc.; City & State; Zip; Country

4. FEI Number: 23-7327002  
 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

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 (81-85): Name; Street Address (P.O. Box Number is Not Acceptable); City; State (FL); 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MEARS, ROBERT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12361 114TH ST N	1.2 NAME	
STREET ADDRESS	LARGO FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	D TAMANINI, CLARENCE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11185 70TH AVENUE N.	2.2 NAME	
STREET ADDRESS	SEMINOLE FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	S FRASER, DAVID C	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10754 DOROTHY LANE	3.2 NAME	
STREET ADDRESS	LARGO FL 33774-4838	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	VD MEEGAN, JIM	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9933 88TH ST. N.	4.2 NAME	
STREET ADDRESS	LARGO FL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	PD RUFFO, THOMAS J	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5855 108TH AVE N	5.2 NAME	
STREET ADDRESS	PINELLAS PARK FL	5.3 STREET ADDRESS	
CITY - ST - ZIP		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 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, changed, or on an attachment with an address.

SIGNATURE: *David C. Fraser* 1/8/97 (813) 392-9677  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)