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May 06, 1999 8:00 am
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05-06-1999 90143 008 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729563

1. Corporation Name

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

Principal Place of Business

11616 87TH STREET NORTH
LARGO FL 33773-4905
US

Mailing Address

11616 87TH STREET NORTH
LARGO FL 33773-4905
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

05/06/1974

4. FEI Number

23-7327002

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

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

Lexis Document Services Inc

3953 WW Kelley Rd

Tallahassee

FL

85 Zip Code

32301

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

TITLE D
NAME MEARS, ROBERT
STREET ADDRESS 12361 114TH ST N
CITY-ST-ZIP LARGO FL

TITLE D
NAME TAMANINI, CLARENCE
STREET ADDRESS 11185 70TH AVENUE N.
CITY-ST-ZIP SEMINOLE FL

TITLE SD
NAME FRASER, DAVID C
STREET ADDRESS 10754 DOROTHY LANE
CITY-ST-ZIP LARGO FL 33774-4838

TITLE VD
NAME MEEGAN, JIM
STREET ADDRESS 9933 88TH ST. N.
CITY-ST-ZIP LARGO FL

TITLE PD
NAME RUFFO, THOMAS J
STREET ADDRESS 5855 108TH AVE N
CITY-ST-ZIP PINELLAS PARK FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/O
1.2 NAME THOMAS E. ASIN
1.3 STREET ADDRESS 1028 FOUNTAINHEAD DR
1.4 CITY-ST-ZIP LARGO FL 33770

2.1 TITLE V/O
2.2 NAME WARREN A. TITUS
2.3 STREET ADDRESS 8160 83RD
2.4 CITY-ST-ZIP LARGO FL 33777 3629

3.1 TITLE M/S/O
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME JOHN R. WOOD
4.3 STREET ADDRESS 6580 Seminole Blvd #151
4.4 CITY-ST-ZIP Seminole FL 33772

5.1 TITLE
5.2 NAME Thomas Sheldon
5.3 STREET ADDRESS 6249 Seminole Blvd
5.4 CITY-ST-ZIP LARGO FL 33772

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)