


FILE NOW: FILING FEE AFTER MAY 1 IS \$185.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morhan Secretary of State DIVISION OF CORPORATIONS
---	---	--

**APPROVED
AND
FILED**

95 APR 19 AM 8:08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 746332 (6)

1. Corporation Name
FORT LAUDERDALE LODGE NO. 983, LOYAL ORDER OF MOOSE, INC.

Principal Place of Business 1201 N.E. 7TH AVENUE FT LAUDERDALE FL 33304	Mailing Address 1201 N.E. 7TH AVENUE FT LAUDERDALE FL 33304
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/20/1979	3a. Date of Last Report 04/13/1994
4. FEI Number 59-0570397	Applied For <input type="checkbox"/> 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 601(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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Zip	25 Country
29 Zip	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	G	1.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAGNER, HARLAN R	1.2 NAME	DAVID GEHMAN
STREET ADDRESS	160 NW 36TH ST.	1.3 STREET ADDRESS	2209 N DIXIE HWY
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	WILTON MANORS FL 33305
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAIGLE, GILMAN	2.2 NAME	
STREET ADDRESS	610 NW 40TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	Tr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEARD, ANDREW J	3.2 NAME	ARTHUR R SCHUPNER
STREET ADDRESS	2100 NE 44TH ST.	3.3 STREET ADDRESS	2124 NE 5th AVE #12
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	WILTON MANORS, FL 33305-1151
TITLE	Y	4.1 TITLE	Tr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCFARLAND, JOE G	4.2 NAME	RONALD MAJORS
STREET ADDRESS	2901 NW 9TH AVE.	4.3 STREET ADDRESS	908 NE 17TH AVE
CITY-ST-ZIP	WILTON-MANORS FL	4.4 CITY-ST-ZIP	FT. LAUDERDALE FL-33304-4451
TITLE	D	5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAGSTAFF, JOSEPH	5.2 NAME	Robert Bortko
STREET ADDRESS	1535 NE 5TH AVE.	5.3 STREET ADDRESS	78 Marguerita Dr
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	West Palm Beach, Fl 33415
TITLE	A	6.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, JAMES A	6.2 NAME	STEPHEN HUNGATE
STREET ADDRESS	1700 NW 58TH TERR APT 1-D	6.3 STREET ADDRESS	641 NW 36th ST, FT. LAUDERDALE FL
CITY-ST-ZIP	SUNRISE FL 33313	6.4 CITY-ST-ZIP	ZIP-33309

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 118.07(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:  **JAMES A. MORRIS** 305 763-6277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **4/14/1995** Daytime Phone #