FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

DIVISION OF CORPORATIONS

Secretary of State

1996

DOCUMENT # 746332

(6)

FORT LAUDERDALE LODGE NO. 983, LOYAL ORDER OF MO OSE, INC.

Principal Place of Business

Mailing Address



1201 N.E. 7TH AVENUE FT LAUDERDALE FL 33304		1201 N.E. 7TH AVENUE FT LAUDERDALE FL 33304										
						3.	Date Incorporated or Qualified 03/20/1979		te of Last F)4/19/19			
2. Principal Pla	ace of Business	2a. Mailing Address				4.	4. FEI Number			upplied For		
21		26					59-0570397			lot Applicable		
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.					Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State		City & State	<u>├</u> ┐ '				Election Campaign Financing	П	S5.00 May Be Added to Fees			
Zip Country		28 7io	Zip Country			Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,						
Zip 24	25 Country	29		30			Florida Statutes			188.002,		
24]	9. Name and Address of Curren					10.	10. Name and Address of New Registered Agent					
				81	Name							
C T CORPORATION SYSTEM				82	Street Ar	Street Address (P.O. Box Number is Not Acceptable)						
1200 SOUTH PINE ISLAND ROAD												
PLANTAT	10N FL 33324		83							ĺ		
				84	City			FL	85 Zip	Code		
or register	to the provisions of Sections 617.0502 red agent, or both, in the State of Floric th, and accept the obligations of, Secti	ta. Such change was authoriz	ed by the	ove-r	named corp oration's b	ooration su oard of dir	ubmits this statement for the prectors. I hereby accept the ap	urnose of cha	inging its re registered	egistered office agent. I am		
SIGNATURE					· 			DATE				
12.	Signature, typed or printed name of registered agent OFFICERS ANI		13		t signature req		ADDITIONS/CHANGES TO OF		DIRECTO	RS IN 12		
TITLE	Or Tigens Aivi	XXX BELETE		TITLE	T	P/D	TERRITOR OF THESE TO ST		X Change	Addition		
NAME	GEHMAN, DAVID	_	12	NAME	ļ		NER, HARLAN R	•				
STREET ADDRESS	2209 N DIXIE HWY		1.3	STREET	ADDRESS		N.W. 36 St.					
CITY - ST - ZIP	WILTON MANORS FL		1.4	CITY-S	T-7IP	ft.	lauderdale,					
TITLE	D	☐ DELETE		TITLE				Į	Change	Addition		
NAME	DAIGLE, GILMAN			NAME	- 1							
STREET ADDRESS	610 NW 40TH ST.				ADDRESS							
CITY-ST-ZIP	OAKLAND PARK FL				ST-ZIP				Change	Addition		
TITLE	tr Schupner, arthur r	DELETE		TITLE				ļ	Charige	Addition		
NAME	2124 NE 5TH AVENUE #12			NAME	Innerses							
STREET ADDRESS	WILTON MANORS FL				ADDRESS							
CITY-ST-ZIP TITLE	TR	DELETE		CHTY -	01-11r				Change	Addition		
NAME	MAJORS, RONALD			2 NAME	-			·		_		
STREET ADDRESS	908 NE 17TH AVENUE				ADDRESS							
CITY-ST-ZIP	FT. LAUDERDALE FL			CHTY-S								
TITLE	D	XXDELETE		TITLE					Change	☐ Addition		
NAME	Bortko, Robert		5.2	NAME								
STREET ADDRESS	78 MARQUERITA DRIVE		5.3	STREE	ADDRESS							
CITY-ST-ZIP	WEST PALM BEACH FL		5.4	CITY-	ST - ZIP							
THILE	1	DELETE	61	TITLE			-		☐ Change	Addition		
NAME	HUNGATE, STEPHEN		6.2	NAME								
STREET ADDRESS	641 NW 36TH ST		6.3	STREE	ADDRESS							
CITY-ST-ZIP	FT. LAUDERDALE FL			CITY-		4 4	a constitut state of the Constitute of the	0.07/00/0	wida Ctat	loo 16 who		

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes 110 files 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 eath; 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:

SIGNATURE AND TYPED OR PRINTS NAME OF SIGNING OFFICER OR DIRECTOR Ronald Major

4/10/96 (954)763-6277