

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

**FILED**

**Feb 12 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 746332 (6)**  
1. Corporation Name  
**FORT LAUDERDALE LODGE NO. 983, LOYAL ORDER OF MOOSE, INC.**



Principal Place of Business <b>4711 N. DIXIE HWY OAKLAND PARK FL 33334</b>	Mailing Address <b>4711 N. DIXIE HWY OAKLAND PARK FL 33334</b>
---	---

3. Date Incorporated or Qualified  
**07/14/1947**

4. FEI Number <b>59-0570397</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
------------------------------------	---	---

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  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

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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

TITLE	<b>G</b>	<input type="checkbox"/> DELETE
NAME	<b>DAIGLE, GILMAN</b>	
STREET ADDRESS	<b>201 N.E. 57TH STREET</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33334</b>	
TITLE	<b>JG</b>	<input type="checkbox"/> DELETE
NAME	<b>KONSCOL, RAY</b>	
STREET ADDRESS	<b>120 E. OAKLAND PARK BLVD STE 105</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33374</b>	
TITLE	<b>TR</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHUPNER, ARTHUR R</b>	
STREET ADDRESS	<b>2124 NE 5TH AVENUE #12</b>	
CITY-ST-ZIP	<b>WILTON MANORS FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>STEVENS, GARY</b>	
STREET ADDRESS	<b>5801 NE 2ND TERRACE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33334</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>THOMPSON, GERALD</b>	
STREET ADDRESS	<b>1119 N. ANDREWS AVENUE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33311</b>	
TITLE		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Treasurer</b>
3.3 STREET ADDRESS	<b>Robert Coleman</b>
3.4 CITY-ST-ZIP	<b>2430 Wilson Street Hollywood, Fl. 33020</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Administrator</b>
6.3 STREET ADDRESS	<b>Eugene D. Hayes</b>
6.4 CITY-ST-ZIP	<b>10360 N.W. 36th Street Coral Springs, Fl. 33065</b>

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.

SIGNATURE: *Eugene D. Hayes* **EUGENE D. HAYES** **2/2/98** **(954)772-4488**

CR2E037 (10/97)