


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 748527 (9)**  
1. Corporation Name  
**FT. MYERS LODGE # 1899 LOYAL ORDER OF MOOSE, INC**



Principal Place of Business <b>1900 PARK MEADOW DRIVE FORT MYERS FL 33907-3740</b>	Mailing Address <b>PO BOX 07219 FT. MYERS FL 33919-0201</b>
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3. Date Incorporated or Qualified <b>08/14/1979</b>	3a. Date of Last Report <b>04/17/1996</b>
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2. Principal Place of Business <b>21 11595 KELLY ROAD</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State <b>SUITE 114 FORT MYERS, FL</b>	<b>27</b> City & State
<b>23</b> Zip <b>33908</b>	<b>28</b> Country <b>USA</b>

4. FEI Number <b>59-1024721</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GD OLOUGHLIN, MARK E. 1330 NE 7TH AVE. CAPE CORAL FL 33909</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PG MORGAN, JODY P. 1829 GRACE AVE. FT. MYERS FL 33901</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AD MAKI, WILBERT R 233 OSPREY FT. MYERS BEACH FL 33932</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JG BLAIR, WILLIAM 15210 MEADOW CIR. FT. MYERS FL 33908</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DISOTELL EDWARD N. 5848 HARBOR CLUB ROAD FT. MYERS FL 33919</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DEMARCO, PASQUALE 2113 GORHAM AVE. FT. MYERS FL 33907</b>	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>GOVERNOR NULL, LARRY 4368 TUFTS AVE FT. MYERS, FL 33901</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>PAST GOVERNOR OLOUGHLIN, MARK 1330 NE 7th AVE CAPE CORAL, FL. 33909</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>JR. GOVERNOR HALL, JAMES 2724 CENTRAL AVE FT. MYERS, FL 33901</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>TREASURER BLAIR, WILLIAM 15210 MEADOW CIR FORT MYERS, FL. 33908</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>TRUSTEE LEWIS, DAVID 1940 COLLIER AVE FT. MYERS, FL 33901</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ **REQUIRED** \_\_\_\_\_ **WILBERT MAKI** 4/10/97 941-437-3161  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0063533

CR2E037 (9/96)