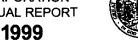
08-24-1999 90002 031 ****61.25

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25). NONPROFIT FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT



Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#	7	'5	0	7	1	3
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1. Corporation Name

FORT PIERCE LODGE NO. 248, LOYAL ORDER OF MOOSE,

Principal Place of Busines
3505 KIRBY LOOP RD.
FORT PIERCE FL 34981
HS

Mailing Address

3505 KIRBY LOOP RD. FORT PIERCE FL 34981



2. 21	Principal Place of Business 2a. Mailing Address 26			_ _	3. Date Incorporated or Qualifed 01/22/1980				
22	Suite, Apt. #, etc. Suite, Apt. #, etc.		•		4. FEI Number 59-0652258		Applied For Not Applicable		
23	City & State City & State				5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
24	Zip Country	Zip Co			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
LEXIS DOCUMENT SERVICES INC. 3953 WW KELLEY ROAD TALLAHASSEE;FL 32311			81	Name		 			
			82 Street Address (P.O. Box Number is Not Acceptable)						
			83	_					
	701018011 2551		84	City		FL	85 Zip Code		
11	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.								

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 DIRECTO		13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR					
TITLE	P	DELETE	1.1 TITLE	P 1	Change	Addition				
NAME	ANDERSON, JAMES		1.2 NAME	PERCOCK JOHN RD.		1				
STREET ADDRESS	7603 WINTER GDN PKWY		1.3 STREET ADDRESS	1102 WEATHERBEG TO.						
CITY-ST-ZIP	FT PIERCE FL 34951	,	1.4 CITY-ST-ZIP	A PIERCE, FL						
TITLE	D	DELETE	2.1 TITLE		hange	☐ Addition				
NAME	FAMIANO, CARMINO		2.2 NAME	KELLY ROBERT A 605 E. MIDWAY RO FT PIERCE, FL. 34	•	-				
STREET ADDRESS	107 S 36 ST	,	2.3 STREET ADDRESS	605 E. MIDWAY RO						
CITY-ST-ZIP	FT PIERCE FL 34947	1	2.4 CITY-ST-ZIP	FT PIERCE, FL. 34	<i>198</i> 2					
ПЛЕ	D	DELETE	3.1 TITLE	D. D. Comput	Change	Addition				
NAME	BERINGER, JAMES		3.2 NAME	GEORGE R. SECTH		ļ				
STREET ADDRESS	707 GRANDVIEW BLVD		3.3 STREET ADDRESS	2873 2404 2000	_					
CITY-ST-ZIP	FT PIERCE FL 34982		3.4, CITY-ST-ZIP	GEORGE R. SELPH 2893 LUCY LANE Fr PIENCE, FL 3498	<u> </u>					
TITLE	D	DELETE	4.1 TITLE		☐ Change	Addition				
NAME	PARTINGTON, TOM	i	4. 2 NAME	SMITH, LEON D. 6421 N. US. 1		l				
STREET ADDRESS	104 ROSELYN AVE		4.3 STREET ADDRESS	6421 N. 43.1						
CITY-ST-ZIP	FT PIERCE FL 34982		4.4 CITY-ST-ZIP	FRIERCE, FL. 349						
TITLE	T	DELETE	5.1 TITLE	0. 6. 1	☐ Change	Addition				
NAME	Spaide, Terry		5.2 NAME	HORAN, ROBERT L.		l				
STREET ADDRESS	1722 SW VICTOR LN		5.3 STREET ADDRESS	GOZI OKEECHOBER RE	سس بدید د	Į.				
CITY-ST-ZIP	PORT ST LUCIE FL		5.4 CITY- ST- ZIP	FT PIERCE, FL 3						
TITLE	T	☐ DELETE	6.1 TITLE		Change	☐ Addition				
NAME	JOHNSON, RICK		6.2 NAME			ı				
STREET ADDRESS	· 2208 TORTUGA ST		6.3 STREET ADDRESS							
CITY-ST-ZIP	FT PIERCE FL 34982		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.