


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).

FILED
Aug 24, 1999 8:00 am
Secretary of State

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

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 750713					
1. Corporation Name FORT PIERCE LODGE NO. 248, LOYAL ORDER OF MOOSE, INC.					
Principal Place of Business 3505 KIRBY LOOP RD. FORT PIERCE FL 34981 US			Mailing Address 3505 KIRBY LOOP RD. FORT PIERCE FL 34981 US		



2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 01/22/1980	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-0652258	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent LEXIS DOCUMENT SERVICES INC. 3953 WW KELLEY ROAD TALLAHASSEE, FL 32311				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	ANDERSON, JAMES		1.2 NAME	PERCOCK, JOHN			
STREET ADDRESS	7603 WINTER GDN PKWY		1.3 STREET ADDRESS	1102 WEATHERBEE RD.			
CITY-ST-ZIP	FT PIERCE FL 34951		1.4 CITY-ST-ZIP	FT PIERCE, FL			
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	FAMIANO, CARMINO		2.2 NAME	KELLY ROBERT A			
STREET ADDRESS	107 S 36 ST		2.3 STREET ADDRESS	605 E. MIDWAY RD.			
CITY-ST-ZIP	FT PIERCE FL 34947		2.4 CITY-ST-ZIP	FT PIERCE, FL 34982			
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	BERINGER, JAMES		3.2 NAME	GEORGE R. SELPH			
STREET ADDRESS	707 GRANDVIEW BLVD		3.3 STREET ADDRESS	2873 LUCY LANE			
CITY-ST-ZIP	FT PIERCE FL 34982		3.4 CITY-ST-ZIP	FT PIERCE, FL 34981			
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	PARTINGTON, TOM		4.2 NAME	SMITH, LEON D.			
STREET ADDRESS	104 ROSELYN AVE		4.3 STREET ADDRESS	6421 N. US. 1			
CITY-ST-ZIP	FT PIERCE FL 34982		4.4 CITY-ST-ZIP	FT PIERCE, FL 34946			
TITLE	T	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	SPAIDE, TERRY		5.2 NAME	HORAN, ROBERT L.			
STREET ADDRESS	1722 SW VICTOR LN		5.3 STREET ADDRESS	6021 OKEECHOBEE RD			
CITY-ST-ZIP	PORT ST LUCIE FL		5.4 CITY-ST-ZIP	FT PIERCE, FL 34985			
TITLE	T	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JOHNSON, RICK		6.2 NAME				
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.

SIGNATURE: Robert L. Horan ROBERT L. HORAN 20 AUG 99 (561) 468-0576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #