

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Monrath  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N14864 (5)**

1. Corporation Name

**GOLDEN GATE LODGE NO. 1654 LOYAL ORDER OF MOOSE, INC.**

Principal Place of Business

Mailing Address

1902 40TH TERR. SW  
P O BOX 98081  
NAPLES FL 33999  
US

P.O. BOX 98081  
NAPLES FL 33999  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/12/1986</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-2663524</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under G. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KONARZEWSKI, JAMES
STREET ADDRESS	5410 TRAMMEL ST
CITY-ST-ZIP	NAPLES FL
TITLE	SD
NAME	SMITH, JAMES
STREET ADDRESS	4832 NEW MOON CT
CITY-ST-ZIP	NAPLES FL
TITLE	VD
NAME	TERRY, STEVE
STREET ADDRESS	5048 27TH PL SW
CITY-ST-ZIP	NAPLES FL
TITLE	D
NAME	ROGAN SR, KEVIN
STREET ADDRESS	2820 WHITE BLVD
CITY-ST-ZIP	NAPLES FL
TITLE	TD
NAME	CHAMPLIN, DONALD A
STREET ADDRESS	4056 27TH PL SW
CITY-ST-ZIP	NAPLES FL
TITLE	D
NAME	LUSTER, JERRY
STREET ADDRESS	4266 11TH AVE SW
CITY-ST-ZIP	NAPLES FL

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SD Charles L. Nicholson
2.3 STREET ADDRESS	27711 E. HAZELHURST BLVD.
2.4 CITY-ST-ZIP	BOVITA SPRINGS FL 33923
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VD JERRY LUSTER
3.3 STREET ADDRESS	4286 11th Ave SW
3.4 CITY-ST-ZIP	NAPLES FL 33999
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD Jason M Hendry
4.3 STREET ADDRESS	5410 Trammel St
4.4 CITY-ST-ZIP	Naples FL 33962
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D Richard Vinson
5.3 STREET ADDRESS	1944 Sunshinw Blvd
5.4 CITY-ST-ZIP	Naples FL 33999
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D Edward Pierson II
6.3 STREET ADDRESS	2617 TROPICANA BLVD
6.4 CITY-ST-ZIP	Naples FL 33999

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: Charles L. Nicholson 4/27/95 813455 8108  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Printing)