FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
Feb 03 1997 8:00am
Secretary of State

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 990081 NAPLES FL 33999 US	P.O. BOX 990081 NAPLES FL 34116-6060 US

3. Date Incorporated or Qualified	3a. Date of Last Report
05/12/1986	11/12/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2663524	Applied For / Not Applicable
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SANDBERG, VERN		1.2 NAME	
STREET ADDRESS	5535 RATTLESNAKE HWK. RD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	
TITLE	SD	☒ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	CHARLES L. NICHOLSON		2.2 NAME	*Secr. Philip W Potter*
STREET ADDRESS	1565 27TH ST. S.W.		2.3 STREET ADDRESS	*1555 27th St. SW*
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	*Naples Fl 34117*
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JERRY LUSTER		3.2 NAME	
STREET ADDRESS	4686 11TH AVENUE N.W.		3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FORD, ROBERT		4.2 NAME	
STREET ADDRESS	129 CAPE SABLE DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	JAMISON, KYLE		5.2 NAME	
STREET ADDRESS	4340 BURTON ROAD		5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	GEORGE, RON		6.2 NAME	
STREET ADDRESS	4064 FULL MOON CT.		6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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: ~~SIGNATURE REQUIRED~~ *Philip W Potter* 1-21-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR