

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 13 1998 8:00am
 Secretary of State

0010220

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

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 33999 US

3. Date Incorporated or Qualified	Applied For
05/12/1986	<input type="checkbox"/> Not Applicable
4. FEI Number	
59-2663524	

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired	\$8.75 Additional Fee Required
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	<input type="checkbox"/>	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip	28 Zip	<input type="checkbox"/>	
24 Country	29 Country	7. Is this nonprofit corporation a homeowners association?	
	30	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Name and Address of Current Registered Agent		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDBERG, VERN	1.2 NAME	RICK TIMKO
STREET ADDRESS	5335 RATTLESNAKE HWK. RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTTER, PHILIP W	2.2 NAME	VERN SANDBERG
STREET ADDRESS	1555 27 ST SW	2.3 STREET ADDRESS	5535 RATTLESNAKE HWK RD
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	NAPLES FL 34113
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERRY LUSTER	3.2 NAME	BOB HILL
STREET ADDRESS	4888 11TH AVENUE N.W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	BOB TO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, ROBERT	4.2 NAME	ED BROOME
STREET ADDRESS	129 CAPE SABLE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMISON, KYLE	5.2 NAME	ED PIERSON
STREET ADDRESS	4340 BURTON ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE, RON	6.2 NAME	JIM MCCALLION
STREET ADDRESS	4064 FULL MOON CT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	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.

SIGNATURE: Vernon Sandberg VERNON SANDBERG 7-6-98 941-435-8408
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)