


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 18, 1999 8:00 am**  
**Secretary of State**

08-18-1999 90006 040 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N14864</b>		
1. Corporation Name <b>GOLDEN GATE LODGE NO. 1654 LOYAL ORDER OF MOOSE, INC.</b>		
Principal Place of Business 1902 40TH TERR. SW P O BOX 990081 NAPLES FL 33999 US	Mailing Address P.O. BOX 990081 NAPLES FL 33999 US	



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 05/12/1986	4. FEI Number 59-2663524 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent <b>LEXIS DOCUMENT SERVICES INC.</b> <b>3953 WW KELLEY ROAD</b> <b>TALLAHASSEE FL 32301</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMKO, RICK	1.2 NAME	ROBERT NEWTON
STREET ADDRESS	5535 RATTLESNAKE HWK. RD.	1.3 STREET ADDRESS	1875 SW 21ST STREET
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	NAPLES FL 34117
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDBERG, VERN	2.2 NAME	
STREET ADDRESS	5535 RAHLESNAKE HMR ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34113	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, BOB	3.2 NAME	HERB ALCORN
STREET ADDRESS	4686 11TH AVENUE N.W.	3.3 STREET ADDRESS	6921 28th AVE SW
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	NAPLES FL 34116
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOME, ED	4.2 NAME	
STREET ADDRESS	129 CAPE SABLE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERSON, ED	5.2 NAME	RICK TIMKO
STREET ADDRESS	4340 BURTON ROAD	5.3 STREET ADDRESS	3020 WOODSIDE AVE.
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	NAPLES, FL 34112
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCALLION, JIM	6.2 NAME	LARRY LANGELY
STREET ADDRESS	4064 FULL MOON CT.	6.3 STREET ADDRESS	521 16th ST. NE
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP	NAPLES, FL 34120

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-16-99  
 Date

941-455-8408  
 Daytime Phone #

CR2E037 (5/99)