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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N46621

1. Corporation Name

CALOOSAHATCHEE LODGE NO. 2395, LOYAL ORDER OF MOOSE, INC. CHECK # 1218

Principal Place of Business

Mailing Address

419 E. CAPE CORAL PKWY
CAPE CORAL FL 33904 8540
US

419 E. CAPE CORAL PKWY
CAPE CORAL FL 33904 - 8540
US

* NO POST OFFICE ADR. SEE FRONT



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 419 E. CAPE CORAL PKWY		12/23/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0306216	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

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
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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIBIENTO, MARK M	1.2 NAME	
STREET ADDRESS	4928 VINCE ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIDONIO, JOHN F	2.2 NAME	
STREET ADDRESS	4807 TUDOR DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33914	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORWATCH, LARRY	3.2 NAME	
STREET ADDRESS	2616 ARCHER PKWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33914	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, J.P.	4.2 NAME	SD
STREET ADDRESS	217 SE 40 STREET	4.3 STREET ADDRESS	BALL, CHARLES A.
CITY-ST-ZIP	CAPE CORAL FL 33904	4.4 CITY-ST-ZIP	419 E. CAPE CORAL PKWY CAPE CORAL, FL 33904-8540
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGAN, GEORGE J	5.2 NAME	JOHNSON, ELDON R
STREET ADDRESS	115 SW 52 STREET	5.3 STREET ADDRESS	419 E. CAPE CORAL PKWY
CITY-ST-ZIP	CAPE CORAL FL 33914	5.4 CITY-ST-ZIP	CAPE CORAL, FL 33904-8540
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUTZ, VINCENT	6.2 NAME	
STREET ADDRESS	P O BOX 1432 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES A. BALL, JR.
JAN 18, 1999 941-945-6066

CR2E037 (11/98)