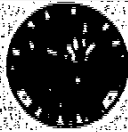


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 19 AM 8:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N94000000793 (9)**

1. Corporation Name

**INDIAN RIVER MOOSE LEGION NO. 178, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business 1019 N. MAIN ST. KISSIMEE FL	Mailing Address 1019 N. MAIN ST. KISSIMEE FL
----------------------------------------------------------------	----------------------------------------------------

3. Date Incorporated or Qualified <b>02/16/1994</b>	3a. Date of Last Report
4. FEI Number <b>23-7395688</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SILAY, JOHN J
STREET ADDRESS	189 DONNA RD., N.E.
CITY-ST-ZIP	PALM BAY FL
TITLE	VD
NAME	BROSE, KENNETH L
STREET ADDRESS	912 CARLSON DR.
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	SWEET, WILLIAM C JR.
STREET ADDRESS	4970 N. LANE, #705
CITY-ST-ZIP	ORLANDO FL
TITLE	SD
NAME	HAMMOND, RODNEY A
STREET ADDRESS	2936 OAKTREE DR.
CITY-ST-ZIP	KISSIMEE FL
TITLE	TD
NAME	CIARAMELLO, CARMEN A
STREET ADDRESS	4633 LIGUSTRUM WAY
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	FREEMAN, GUSTAVE W
STREET ADDRESS	131 S. ORANGE AVE.
CITY-ST-ZIP	DELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ciaramello, Carmen A.	
1.3 STREET ADDRESS	4634 Ligustrum Way	
1.4 CITY-ST-ZIP	Orlando, FL 32809-3143	
2.1 TITLE	Vice President <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Goodermuth, Ray C.	
2.3 STREET ADDRESS	4131 N. Harbor City Blvd.	
2.4 CITY-ST-ZIP	Melbourne, FL 32935	
3.1 TITLE	Vice President <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Pogue, Harold	
3.3 STREET ADDRESS	247 Knox McRae Drive, #11	
3.4 CITY-ST-ZIP	Titusville, FL 32780-6684	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Treasurer <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	McCracken, James M.	
5.3 STREET ADDRESS	10 Bayberry Branch	
5.4 CITY-ST-ZIP	Casselberry, FL 32707	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(k), 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 Rodney Hammond **Rodney Hammond, Sec.** 3/30/95 407/847-5451  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #