

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

CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -2 11 8:18

DOCUMENT # 750713 (0)
1. Corporation Name
FORT PIERCE LODGE NO. 248, LOYAL ORDER OF MOOSE, INC.

Principal Place of Business Mailing Address
3505 KIRBY LOOP RD. FORT PIERCE FL 34981 US
3505 KIRBY LOOP RD. FORT PIERCE FL 34981 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/22/1980
3a. Date of Last Report 06/15/1994

4. FEI Number 59-0652258
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
KING, JAMES
609 IXORIA AVE.
SUITE 4
FT. PIERCE FL 34981

10. Name and Address of New Registered Agent

81 Name DAVID J. TROUT
82 Street Address (P.O. Box Number is Not Acceptable) 480 EAST PRIMA VISTA BLVD.
83
84 City PORT ST. LUCIE FL 85 Zip Code 34983

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 *David J. Trout* DATE 5-27-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agents signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	G
NAME	CLARK, ROBERT L.
STREET ADDRESS	A-38 MOCKINGBIRD
CITY - ST - ZIP	FT. PIERCE FL
TITLE	G
NAME	CARTER, ROBERT
STREET ADDRESS	14142 DAHLIA
CITY - ST - ZIP	FT. PIERCE FL
TITLE	T
NAME	MCDONNELL, JOHN H.
STREET ADDRESS	5401 HICKORY DR.
CITY - ST - ZIP	FT PIERCE FL
TITLE	A
NAME	KING, JAMES
STREET ADDRESS	609 IXORIA AVE., #4
CITY - ST - ZIP	FT PIERCE FL
TITLE	T
NAME	GAULIN, NORMAN
STREET ADDRESS	4964 NE FOXWORTH AVE.
CITY - ST - ZIP	FT. ST. LUCIE FL
TITLE	T
NAME	MROZ, JOSEPH A.
STREET ADDRESS	3100 N. A1A
CITY - ST - ZIP	FT PIERCE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	G	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	CLARK, ROBERT L.	
13 STREET ADDRESS	A38 MOCKINGBIRD	
14 CITY - ST - ZIP	FT. PIERCE, FL.	
21 TITLE	G	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	CARTER, ROBERT	
23 STREET ADDRESS	14142 DAHLIA	
24 CITY - ST - ZIP	FT. PIERCE, FL.	
31 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	BUCHANAN, ANDREW	
33 STREET ADDRESS	915 GATEWOOD AVE	
34 CITY - ST - ZIP	FORT PIERCE, FL. 34982	
41 TITLE	A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	TROUT, DAVID J.	
43 STREET ADDRESS	480 EAST PRIMA VISTA BLVD	
44 CITY - ST - ZIP	PORT ST. LUCIE, FL. 34983	
51 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	RALPH GERSONY	
53 STREET ADDRESS	5911 SALSAM DR.	
54 CITY - ST - ZIP	FT. PIERCE, FL.	
61 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	DAVID G. WILSON	
63 STREET ADDRESS	500 S. 26th STREET	
64 CITY - ST - ZIP	FT. PIERCE, FL	

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David J. Trout* DAVID J. TROUT 5/1/95 407-464-5718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)