

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified 01/22/1980  
 3a. Date of Last Report 06/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number 59-0652258

Applied For  
 Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

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

24

25

Country

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TROUT, DAVID J  
 480 EAST PRIMA VISTA BLVD  
 SUITE 4  
 PORT ST LUCIE FL 34983

81 Name HORAN, ROBERT L  
 82 Street Address (P.O. Box Number is Not Acceptable) 8021 OKEECHOBEE RD.  
 83  
 84 City FT. PIERCE FL 85 Zip Code 34945

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 Robert L. Horan

5 FEB 96

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	G	<input type="checkbox"/> DELETE
NAME	CLARK, ROBERT L. <u>D</u>	
STREET ADDRESS	A-38 MOCKINGBIRD	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	G	<input checked="" type="checkbox"/> DELETE
NAME	CARTER, ROBERT	
STREET ADDRESS	14142 DAHLIA	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BUCHANAN, ANDREW <u>D</u>	
STREET ADDRESS	915 GATEWOOD AVE	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	A	<input checked="" type="checkbox"/> DELETE
NAME	TROUT, DAVID J	
STREET ADDRESS	480 EAST PRIMA VISTA BLVD	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GERSONY, RALPH <u>I</u>	
STREET ADDRESS	5911 BALSAM DR	
CITY-ST-ZIP	FT. ST. LUCIE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, DAVID G	
STREET ADDRESS	600 S 26TH ST	
CITY-ST-ZIP	FT PIERCE FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	400001744064
1.4 CITY-ST-ZIP	-03/15/96--01018--023 ***61.25
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DR PAST GOV. LEONARD STARK
2.3 STREET ADDRESS	206 LILAC ST <u>D</u>
2.4 CITY-ST-ZIP	FT PIERCE, FL 34946
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ADMINISTRATOR ROBERT L. HORAN
4.3 STREET ADDRESS	8021 OKEECHOBEE RD. <u>I</u>
4.4 CITY-ST-ZIP	FT PIERCE, FL. 34945
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	PRELATE RICK JOHNSON
6.3 STREET ADDRESS	2208 TORTUGA ST <u>I</u>
6.4 CITY-ST-ZIP	FT PIERCE, FL 34982

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: Robert L. Horan

5 Feb 96 (407) 461-5615

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)