

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: **3505 KIRBY LOOP RD. FORT PIERCE FL 34981 US**
 Mailing Address: **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**

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-0652258	<input checked="" type="checkbox"/> Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24				

9. Name and Address of Current Registered Agent
TROUT, DAVID J
480 EAST PRIMA VISTA BLVD
SUITE 4
PORT ST LUCIE FL 34983

10. Name and Address of New Registered Agent
 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* (NOTE: Registered Agent signature required when reinstating) DATE: **5 FEB 96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	G <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, ROBERT L. D	1.2 NAME	400001744064
STREET ADDRESS	A-38 MOCKINGBIRD	1.3 STREET ADDRESS	-03/15/96--01018--023
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP	***61.25
TITLE	G <input checked="" type="checkbox"/> DELETE	2.1 TITLE	IN PAST GOV. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARTER, ROBERT	2.2 NAME	LEONARD STARK
STREET ADDRESS	14142 DAHLIA	2.3 STREET ADDRESS	206 LILAC ST D
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP	FT PIERCE, FL 34946
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHANAN, ANDREW D	3.2 NAME	
STREET ADDRESS	915 GATEWOOD AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	3.4 CITY-ST-ZIP	
TITLE	A <input checked="" type="checkbox"/> DELETE	4.1 TITLE	ADMINISTRATOR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TROUT, DAVID J	4.2 NAME	ROBERT L. HORAN
STREET ADDRESS	480 EAST PRIMA VISTA BLVD	4.3 STREET ADDRESS	8021 OKEECHOBEE RD T
CITY-ST-ZIP	PORT ST LUCIE FL	4.4 CITY-ST-ZIP	FT PIERCE, FL. 34945
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERSONY, RALPH I	5.2 NAME	
STREET ADDRESS	5911 BALSAM DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. ST. LUCIE FL	5.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	PRELATE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, DAVID G	6.2 NAME	RICK JOHNSON
STREET ADDRESS	600 S 26TH ST	6.3 STREET ADDRESS	2208 TORTUGA ST T
CITY-ST-ZIP	FT PIERCE FL	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* DATE: **5 Feb 96** (407) 461-5615

CR2E037 (12/95)