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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 34981-6003
US

3. Date Incorporated or Qualified
01/22/1980

3a. Date of Last Report
03/14/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-0652258

Applied For
 Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

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

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HORAN, ROBERT
8021 OKEECHOBEE RD
FT PIERCE FL 34945

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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: Robert L. Horan Administrator

13 JAN 1997

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 D DELETE
NAME CLARK, ROBERT L.
STREET ADDRESS A-38 MOCKINGBIRD
CITY-ST-ZIP FT. PIERCE FL

1.1 TITLE D Change Addition
1.2 NAME THOMAS KULSCAR
1.3 STREET ADDRESS 3200 S. 7th ST. LOT 137
1.4 CITY-ST-ZIP FT PIERCE, FL. 34982

TITLE D DELETE
NAME STARK, LEONARD
STREET ADDRESS 206 LILAC ST
CITY-ST-ZIP FT. PIERCE FL 34946

2.1 TITLE D Change Addition
2.2 NAME MICHAEL BALSAMO
2.3 STREET ADDRESS 5207 PALM DRIVE
2.4 CITY-ST-ZIP FT PIERCE, FL. 34982

TITLE TD DELETE
NAME BUCHANAN, ANDREW
STREET ADDRESS 915 GATEWOOD AVE
CITY-ST-ZIP FT PIERCE FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE A DELETE
NAME HORAN, ROBERT
STREET ADDRESS 8021 OKEECHOBEE RD
CITY-ST-ZIP FT PIERCE FL 34945

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE T DELETE
NAME GERSONY, RALPH
STREET ADDRESS 5911 BALSAM DR
CITY-ST-ZIP FT. ST. LUCIE FL

5.1 TITLE T Change Addition
5.2 NAME TERRY SPAIDE
5.3 STREET ADDRESS 1722 S.W. VICTOR LANE
5.4 CITY-ST-ZIP PORT ST LUCIE, FL 34984

TITLE T DELETE
NAME JOHNSON, RICK
STREET ADDRESS 2208 TORTUGA ST
CITY-ST-ZIP FT PIERCE FL 34982

6.1 TITLE Change 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 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.

SIGNATURE: Robert L. Horan ROBERT L. HORAN 13 JAN 97

461-5615

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0071443

CR2E037 (9/96)