

FILE NOW: FILING FEE IS \$61.25

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**Feb 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
01/22/1980

4. FEI Number
59-0652258

Applied For	
Not Applicable	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**YOUNG, ROY
1207 SOLTMAN AVE.
FT PIERCE FL 34950**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KULSCAR, THOMAS	1.2 NAME	JAMES ANDERSON
STREET ADDRESS	3200 S 7TH ST LOT 137	1.3 STREET ADDRESS	7403 WINTER GDN. PKWY
CITY-ST-ZIP	FT PIERCE FL	1.4 CITY-ST-ZIP	FORT PIERCE, FL 34951
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALSAMO, MICHAEL	2.2 NAME	CARMINO FAMIANO
STREET ADDRESS	5207 PALM DR	2.3 STREET ADDRESS	107 S. 36 ST.
CITY-ST-ZIP	FT PIERCE FL	2.4 CITY-ST-ZIP	FORT PIERCE, FL 34947
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHANAN, ANDREW	3.2 NAME	JAMES BERINGER
STREET ADDRESS	915 GATEWOOD AVE	3.3 STREET ADDRESS	707 GRANDVIEW BLVD.
CITY-ST-ZIP	FT PIERCE FL	3.4 CITY-ST-ZIP	FORT. PIERCE FL 34982
TITLE	A <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORAN, ROBERT	4.2 NAME	TOM PARTINGTON
STREET ADDRESS	8021 OKEECHOBEE RD	4.3 STREET ADDRESS	104 ROSELYN AV.
CITY-ST-ZIP	FT PIERCE FL 34945	4.4 CITY-ST-ZIP	FORT PIERCE FL 34982
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPAIDE, TERRY	5.2 NAME	
STREET ADDRESS	1722 SW VICTOR LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, RICK	6.2 NAME	
STREET ADDRESS	2208 TORTUGA ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34982	6.4 CITY-ST-ZIP	

14. I 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: _____

CR2E037 (10/97)