

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 <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23	27 City & State 28
24 Zip 25	Country 29
30 Zip 31	Country 32

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
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

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	KULSCAR, THOMAS
STREET ADDRESS	3200 S 7TH ST LOT 137
CITY-ST-ZIP	FT PIERCE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BALSAMO, MICHAEL
STREET ADDRESS	5207 PALM DR
CITY-ST-ZIP	FT PIERCE FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	BUCHANAN, ANDREW
STREET ADDRESS	915 GATEWOOD AVE
CITY-ST-ZIP	FT PIERCE FL
TITLE	A <input checked="" type="checkbox"/> DELETE
NAME	HORAN, ROBERT
STREET ADDRESS	8021 OKEECHOBEE RD
CITY-ST-ZIP	FT PIERCE FL 34945
TITLE	T <input type="checkbox"/> DELETE
NAME	SPAIDE, TERRY
STREET ADDRESS	1722 SW VICTOR LN
CITY-ST-ZIP	PORT ST LUCIE FL
TITLE	T <input type="checkbox"/> DELETE
NAME	JOHNSON, RICK
STREET ADDRESS	2208 TORTUGA ST
CITY-ST-ZIP	FT PIERCE FL 34982

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JAMES ANDERSON
1.3 STREET ADDRESS	7403 WINTER GDN. PKWY
1.4 CITY-ST-ZIP	FORT PIERCE, FL 34951
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CARMINO FAMIANO
2.3 STREET ADDRESS	107 S. 36 ST.
2.4 CITY-ST-ZIP	FORT PIERCE, FL 34947
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JAMES BERINGER
3.3 STREET ADDRESS	707 GRANDVIEW BLVD.
3.4 CITY-ST-ZIP	FORT. PIERCE FL 34982
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TOM PARTINGTON
4.3 STREET ADDRESS	104 ROSELYN AV.
4.4 CITY-ST-ZIP	FORT PIERCE FL 34982
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 type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)