


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 24, 1999 8:00 am
Secretary of State

08-24-1999 90002 031 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 750713		
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	



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/22/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0652258
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent LEXIS DOCUMENT SERVICES INC. 3953 WW KELLEY ROAD TALLAHASSEE, FL 32311	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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ANDERSON, JAMES 7603 WINTER GDN PKWY FT PIERCE FL 34951	1.1 TITLE	P PERCOCK, JOHN 1102 WEATHERBEE RD. FT PIERCE, FL
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D FAMIANO, CARMINO 107 S 36 ST FT PIERCE FL 34947	2.1 TITLE	D KELLY ROBERT A 605 E. MIDWAY RD. FT PIERCE, FL 34982
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D BERINGER, JAMES 707 GRANDVIEW BLVD FT PIERCE FL 34982	3.1 TITLE	D GEORGE R. SELPH 2873 LUCY LANE FT PIERCE, FL 34981
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D PARTINGTON, TOM 104 ROSELYN AVE FT PIERCE FL 34982	4.1 TITLE	T SMITH, LEON D. 6421 N. US. 1 FT PIERCE, FL 34946
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	T SPAIDE, TERRY 1722 SW VICTOR LN PORT ST LUCIE FL	5.1 TITLE	D HORAN, ROBERT L. 6021 OKEECHOBEE RD FT PIERCE, FL 34985
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	T JOHNSON, RICK 2208 TORTUGA ST FT PIERCE FL 34982	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Robert L. Horan DATE: 20 Aug 99 (561) 468-0576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0013810
CR2E037 (5/99)