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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

95 APR 17 PM 4:12

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 704055 (3)

1. Corporation Name

PERRINE LODGE NO. 380, LOYAL ORDER OF MOOSE, INC

Principal Place of Business

Mailing Address

**9854 E. EVERGREEN ST.
PERRINE FL 33157**

**9854 E. EVERGREEN ST.
PERRINE FL 33157**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1962

3a. Date of Last Report

04/28/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ASD
GILMAN, ARCHIE D
9960 S.W. 164 TERR.
MIAMI FL 33157**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
**ASD
GILMAN, ARCHIE D
9960 S.W. 164 TERR
MIAMI, FL. 33157**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
PARETS, LAWRENCE
9420 S.W. 170 ST. UNIT 201
MIAMI FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
**VD
PARETS, LAWRENCE
9420 S.W. 170 ST. UNIT 201
MIAMI, FL. 33157**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
RICH, HOWARD
19911 GULF STREAM RD.
MIAMI FL 33189**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
**TD
RICH, HOWARD
10851 NO. KENDALL DRIVE APT 414
MIAMI, FL. 33176**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**GVD
REYNOLDS, GARY
19611 BELMONT DR.
MIAMI FL**

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
**GVD
REYNOLDS, GARY
19611 BELMONT DRIVE
MIAMI, FL. 33157**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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: **ARCHIE D. GILMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

OFFICER'S NUMBER

0043378