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Apr 14 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 # **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**

3. Date Incorporated or Qualified

05/17/1962

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 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. 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

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 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

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	ASD	<input type="checkbox"/> DELETE
NAME	GILMAN, ARCHIE D	
STREET ADDRESS	9980 S.W. 164 TERR.	
CITY - ST - ZIP	MIAMI FL 33157	

1.1 TITLE	ASD- GILMAN ARCHIE D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	9960 S.W. 164 TERR.	
1.3 STREET ADDRESS	MIAMI, FL 33157	
1.4 CITY - ST - ZIP		

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HANCOCK, DANIEL	
STREET ADDRESS	11771 SW 178TH TERR	
CITY - ST - ZIP	MIAMI FL	

2.1 TITLE	VD GARY REYNOLDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	19940 S.W. 83 AVE.	
2.3 STREET ADDRESS	MIAMI, FL 33189	
2.4 CITY - ST - ZIP		

TITLE	TD	<input type="checkbox"/> DELETE
NAME	FREY, RANDALL	
STREET ADDRESS	13988 SW 160TH TERR	
CITY - ST - ZIP	MIAMI FL	

3.1 TITLE	TD DANIEL HANCOCK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	11771 S.W. 178 TERR.	
3.3 STREET ADDRESS	MIAMI, FL 33177	
3.4 CITY - ST - ZIP		

TITLE	GVD	<input type="checkbox"/> DELETE
NAME	VRHEL, ERIC	
STREET ADDRESS	9510 HOLIDAY RD	
CITY - ST - ZIP	MIAMI FL	

4.1 TITLE	GVD-JOSEPH GULOTTI JR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	19844 S.W. 118 CT.	
4.3 STREET ADDRESS	MIAMI, FL 33177	
4.4 CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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: **ARCHIE GILMAN**

Archie Gilman

04-06-98

CR2E037 (10/97)