


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90122 020 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 704055**

1. Corporation Name

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

Principal Place of Business

9854 E. EVERGREEN ST.  
PERRINE FL 33157

Mailing Address

9854 E. EVERGREEN ST.  
PERRINE FL 33157



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/17/1962	
Suite, Apt #, etc.		Suite, Apt #, etc.		4. FEI Number	
22		27		NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution <input type="checkbox"/>	
24		29		30	

9. Name and Address of Current Registered Agent

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

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

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 '2	
TITLE	ASD <input type="checkbox"/> DELETE	1.1 TITLE	ASD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILMAN, ARCHIE D	1.2 NAME	GILMAN, ARCHIE D.
STREET ADDRESS	9960 S.W. 164 TERR.	1.3 STREET ADDRESS	9960 S.W. 164 TERR
CITY-ST-ZIP	MIAMI FL 33157	1.4 CITY-ST-ZIP	MIAMI, FL 33157
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, GARY	2.2 NAME	JOSEPH GULOTTI
STREET ADDRESS	19940 S.W. 83RD AVE	2.3 STREET ADDRESS	19844 S.W. 118th CT.
CITY-ST-ZIP	MIAMI FL 33189	2.4 CITY-ST-ZIP	MIAMI, FL 33177
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANCOCK, DANIEL	3.2 NAME	DANIEL HANCOCK
STREET ADDRESS	11771 S.W. 178TH TERRACE	3.3 STREET ADDRESS	1171 S.W. 178th TERRACE
CITY-ST-ZIP	MIAMI FL 33177	3.4 CITY-ST-ZIP	MIAMI, FL 33177
TITLE	GVD <input type="checkbox"/> DELETE	4.1 TITLE	GVD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GULOTTI, JOSEPH JR.	4.2 NAME	LARRY MERCUGLIANO
STREET ADDRESS	19844 S.W. 118TH CT	4.3 STREET ADDRESS	9370 JAMAICA DR.
CITY-ST-ZIP	MIAMI FL 33177	4.4 CITY-ST-ZIP	MIAMI, FL 33189
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Archie Gilman* *Archie Gilman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-15-99

Date

Daytime Phone #

CR2E037 (11/98)