

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 20 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **712391** (2)

1. Corporation Name

**WEST DADE LODGE NO. 1825, LOYAL ORDER OF MOOSE,  
INCORPORATED**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

9800 SW 77TH AVENUE  
MIAMI FL 33156

9800 SW 77TH AVENUE  
MIAMI FL 33156

9. Date Incorporated or Qualified

3a. Date of Last Report

03/13/1967

05/01/1994

4. FEI Number

Applied For

59-1259334

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 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

\$5.00 May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)

\$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 189.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. 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

P

NAME

KURTZ, HENRY

STREET ADDRESS

6801 SW 88 ST #30

CITY - ST - ZIP

MIAMI FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

P  
FRANK O'NEIL

7925 SW 104 ST. APT E104

MIAMI FL 33156

Change  Addition

TITLE

S

NAME

JEFFERS, ROBERT H.

STREET ADDRESS

10030 MONTEGO BAY DRIVE

CITY - ST - ZIP

MIAMI, FL 00000

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

Change  Addition

TITLE

D

NAME

PALMER, NELSON

STREET ADDRESS

9430 SW 37 ST

CITY - ST - ZIP

MIAMI FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

Change  Addition

TITLE

V

NAME

SMALL, PETE

STREET ADDRESS

8400 SW 133 AVE RD #110

CITY - ST - ZIP

MIAMI FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

V  
JAMES F. WILLS

5400 SW 77 CT #3-L

MIAMI FL 33155

Change  Addition

TITLE

D

NAME

CLARK, JONAS A

STREET ADDRESS

12420 S W84TH ST

CITY - ST - ZIP

MIAMI FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

Change  Addition

TITLE

D

NAME

CAMP, HOWARD G.

STREET ADDRESS

3320 S.W. 69TH AVE.

CITY - ST - ZIP

MIAMI FL

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

D  
ROBERT G CAMPSTON

11040 SW 120 ST.

MIAMI FL 33176

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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *R. H. Jeffers* ROBERT H. JEFFERS

4-14-95 305-232-8978

Signature must be typed or printed name of signing officer or director

Date (Month/Day/Year) Initials/Phone #