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0032354

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 712391

1. Corporation Name
WEST DADE LODGE NO. 1825, LOYAL ORDER OF MOOSE, INCORPORATED

Principal Place of Business
 9900 SW 77TH AVENUE
 MIAMI FL 33156

Mailing Address
 9900 SW 77TH AVENUE
 MIAMI FL 33156



| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 03/13/1967 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-1259334 | |
| 22 | City & State | 27 | City & State | Applied For Not Applicable | |
| 23 | Zip | 28 | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 | Country | 29 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 25 | | 30 | | | |

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. 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 |
| 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 _____ 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 <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PERHAM, GENE | 1.2 NAME | |
| STREET ADDRESS | 811E0 SW 72 AVE #B1 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JEFFERS, ROBERT H. | 2.2 NAME | |
| STREET ADDRESS | 10030 MONTEGO BAY DRIVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI, FL 00000 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PALMER, NELSON | 3.2 NAME | |
| STREET ADDRESS | 9430 SW 37 ST | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CRANSTON, ROBERT G. | 4.2 NAME | |
| STREET ADDRESS | 11040 SW 120 ST | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCCLAIN, LORAN A | 5.2 NAME | |
| STREET ADDRESS | 3901 SW 78 CT APT 20 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TEMPLETON, ALBERT | 6.2 NAME | |
| STREET ADDRESS | 11481 SW 93 ST | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 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: ALBERT TEMPLETON **SIGNATURE REQUIRED** DR. H. JEFFERS 4/19/99 305-279-5972
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)