

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
1995 MAY 23 AM 9:45
TALLAHASSEE, FLORIDA

DOCUMENT # 724060 (9)
1. Corporation Name
MANDARIN LODGE NO. 42, LOYAL ORDER OF MOOSE, INC

Principal Place of Business Mailing Address
4450 LOSCO ROAD 4450 LOSCO ROAD
P O BOX 24596 P O BOX 24596
JACKSONVILLE FL 32241 JACKSONVILLE FL 32241

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/08/1972 3a. Date of Last Report 05/01/1994
4. FEI Number 59-1400997 Applied For Not Applicable
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc
22 City & State 27 City & State
23 Zip 28 Zip
24 County 30 County

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 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 (Type or print name of registered agent and title if applicable)

(R11) Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS
TITLE S
NAME HUSTON, RICHARD M
STREET ADDRESS 11248 CABOOSE CT
CITY ST ZIP JACKSONVILLE, FL 00000
TITLE P
NAME SMITH, GARY D.
STREET ADDRESS 11841 MANDARIN ROAD
CITY ST ZIP JACKSONVILLE FL
TITLE V
NAME THURMAN, JOHN D
STREET ADDRESS 10843 RUTHERFORD CT.
CITY ST ZIP JACKSONVILLE FL
TITLE T
NAME SASSENGER, GARY A
STREET ADDRESS 4378 SPURLINE DR., S
CITY ST ZIP JACKSONVILLE FL
TITLE T
NAME FREDRICKSON, ROBERT L.
STREET ADDRESS 224 FOXTAIL AVE.
CITY ST ZIP MIDDLEBURG FL
TITLE T
NAME BERG, WILLARD C.
STREET ADDRESS 11850 CLEARWATER OAKS DR.
CITY ST ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE Change Addition
12 NAME 8000001498668
13 STREET ADDRESS -05/24/95--01092--025
14 CITY ST ZIP *****130.00 *****130.00
21 TITLE P
22 NAME COMSTOCK, LYLE S
23 STREET ADDRESS 385 GLENDENING RD
24 CITY ST ZIP ORANGE PARK, FL. 32073
31 TITLE V
32 NAME PAFIAS, JAMES S
33 STREET ADDRESS 11001 St Augustine Road #1520
34 CITY ST ZIP JACKSONVILLE, FL. 32257
41 TITLE T
42 NAME LONG, JAY
43 STREET ADDRESS 10973 PEPPERMILL LN
44 CITY ST ZIP JACKSONVILLE, FL. 32257
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP
61 TITLE T
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP
TEA
5-23-95
REMITTED BY MAY 1

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: *Richard M. Huston* Richard M. Huston 12 April 1995 (904) 268-6544
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Type in Block 1)