

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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



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

3. Date Incorporated or Qualified **08/08/1972** 3a. Date of Last Report **05/23/1995**
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**
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 Country 28 Zip Country
24 25 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 _____ 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	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSTON, RICHARD M	1.2 NAME	
STREET ADDRESS	11248 CABOOSE CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COMSTOCK, LYLE S	2.2 NAME	Charles L Clark
STREET ADDRESS	385 GLENDENING RD.	2.3 STREET ADDRESS	11841 Mandarin Road
CITY-ST-ZIP	ORANGE PARK FL 32073	2.4 CITY-ST-ZIP	Jacksonville, Fl. 32223
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAFIAS, JAMES S	3.2 NAME	Branniny, Joseph
STREET ADDRESS	11001 ST. AUGUSTINE RD. #1520	3.3 STREET ADDRESS	11430 Squire Way Lane
CITY-ST-ZIP	JACKSONVILLE FL 32257	3.4 CITY-ST-ZIP	Jacksonville, Fl. 32223
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LONG, JAY	4.2 NAME	Payton, John W
STREET ADDRESS	10973 PEPPERMILL LANE	4.3 STREET ADDRESS	5099 Marble Egret Dr S
CITY-ST-ZIP	JACKSONVILLE FL 32257	4.4 CITY-ST-ZIP	Jacksonville, Fl. 32257
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREDRICKSON, ROBERT L.	5.2 NAME	Konsella, Harvey
STREET ADDRESS	224 FOXTAIL AVE.	5.3 STREET ADDRESS	4916 Hertton Drive
CITY-ST-ZIP	MIDDLEBURG FL	5.4 CITY-ST-ZIP	Jacksonville, Fl. 32258
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERG, WILLARD C.	6.2 NAME	Fagan, Richard R
STREET ADDRESS	11850 CLEARWATER OAKS DR.	6.3 STREET ADDRESS	3408 Fairbanks Grant Rd N
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	Jacksonville, Fl. 32223

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 119.07(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 unchanged, or on an attachment with an address.

SIGNATURE: *Richard M. Huston* **Richard M. Huston** **10 April, 1996** **(904) 268-6544**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)