

FILE NOW: FILING FEE IS \$61.25

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May 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 724060 (9)**  
1. Corporation Name  
**MANDARIN LODGE NO. 42, LOYAL ORDER OF MOOSE, INC**



Principal Place of Business <b>4450 LOSCO ROAD P O BOX 24596 JACKSONVILLE FL 32241</b>	Mailing Address <b>4450 LOSCO ROAD P O BOX 24596 JACKSONVILLE FL 32241-4596</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified <b>08/08/1972</b>	3a. Date of Last Report <b>04/15/1996</b>
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4. FEI Number <b>59-1400997</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>HUSTON, RICHARD M</b>
STREET ADDRESS	<b>11248 CABOOSE CT</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL 00000</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>CHARLES L CLARK</b>
STREET ADDRESS	<b>11841 MANDARIN ROAD</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>BRANNING, JOSEPH</b>
STREET ADDRESS	<b>11430 SQUIRE WAY LANE</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>PAYTON, JOHN W</b>
STREET ADDRESS	<b>5099 MARBLE EGRET DRIVE, S</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>KONSELLA, HARVEY</b>
STREET ADDRESS	<b>4916 HERTON DRIVE</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>FAGAN, RICHARD R</b>
STREET ADDRESS	<b>3408 FAIRBANKS GRANT ROAD, N</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>James D Wehrheim</b>
2.3 STREET ADDRESS	<b>1187 Wilbur Drive</b>
2.4 CITY-ST-ZIP	<b>Jacksonville, Fl. 32259</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Tr</b>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Tr</b>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Tr</b>
6.3 STREET ADDRESS	<b>George L Thorry</b>
6.4 CITY-ST-ZIP	<b>11547 Gwynford Lane Jacksonville, Fl. 32223</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 30 April 1997 (904) 268-6544  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0006428

CR2E037 (9/96)