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Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 4450 LOSCO ROAD P O BOX 24596 JACKSONVILLE FL 32241	Mailing Address 4450 LOSCO ROAD P O BOX 24596 JACKSONVILLE FL 32241
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3. Date Incorporated or Qualified 08/08/1972		
4. FEI Number 59-1400997	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" 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	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	S <input type="checkbox"/> DELETE
NAME	HUSTON, RICHARD M
STREET ADDRESS	11248 CABOOSE CT
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	WEHRHEIM, JAMES D
STREET ADDRESS	1187 WILBUR DRIVE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	BRANNING, JOSEPH
STREET ADDRESS	11430 SQUIRE WAY LANE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	TR <input checked="" type="checkbox"/> DELETE
NAME	PAYTON, JOHN W
STREET ADDRESS	5099 MARBLE EGRET DRIVE, S
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	TR <input type="checkbox"/> DELETE
NAME	KONSELLA, HARVEY
STREET ADDRESS	4916 HERTON DRIVE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	TR <input checked="" type="checkbox"/> DELETE
NAME	THORRY, GEORGE L
STREET ADDRESS	11547 GWYNFORD LANE
CITY-ST-ZIP	JACKSONVILLE FL

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 type="checkbox"/> Addition
2.2 NAME	P SMITH, GARY D
2.3 STREET ADDRESS	11841 Mandarin Road
2.4 CITY-ST-ZIP	Jacksonville, Fl. 32223
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Tr WOODRUFF, DALE
3.3 STREET ADDRESS	445 N St Rd 13 #26-355
3.4 CITY-ST-ZIP	Fruitcove, Fl. 32259
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Tr FREDRICKSON, ROBERT L
4.3 STREET ADDRESS	224 Foxtail Ave
4.4 CITY-ST-ZIP	Middleburg, Fl. 32068
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	T
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	V KNAPP, LEROY F
6.3 STREET ADDRESS	4013 Cumbrian Gardens Ln
6.4 CITY-ST-ZIP	Jacksonville, Fl. 32257

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.

SIGNATURE: **RICHARD M. HUSTON, SECRETARY** 15 April, 1998 (904) 268-6544

CFR2037 (10/97)