

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # 724490 (8)**

1. Corporation Name

**ROYAL PALM BEACH LODGE NO. 2245, LOYAL ORDER OF  
MOOSE, INC.**



Principal Place of Business

**828 "F" ROAD  
LOXAHATCHEE FL 33470  
US**

Mailing Address

**PO BOX 224  
LOXAHATCHEE FL 33470  
US**

3. Date Incorporated or Qualified  
**10/05/1972**

3a. Date of Last Report  
**04/13/1995**

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

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MORRIS, BUDDY</b>	
STREET ADDRESS	<b>828 F ROAD</b>	
CITY-ST-ZIP	<b>LOXAHATCHEE FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BARBIERI, ROBERT</b>	
STREET ADDRESS	<b>14800 22ND RD N</b>	
CITY-ST-ZIP	<b>LOXAHATCHEE FL</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>GISSOW, DONALD C. SR.</b>	
STREET ADDRESS	<b>78 WESTCUNK DR</b>	
CITY-ST-ZIP	<b>ROYAL PALM BCH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>QUESNEL, JOSEPH</b>	
STREET ADDRESS	<b>13396 MARCELLA BLVD</b>	
CITY-ST-ZIP	<b>LOXAHATCHEE FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>WELLER, GEORGE</b>	
STREET ADDRESS	<b>827 PEPPER TREE CIR</b>	
CITY-ST-ZIP	<b>W PALM BCH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BIERMAN, J.E.</b>	
STREET ADDRESS	<b>11559 DAHLIA DR.</b>	
CITY-ST-ZIP	<b>ROYAL PALM BEACH FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>BARBIERI, ROBERT</b>	
1.3 STREET ADDRESS	<b>14800 22ND RD N</b>	
1.4 CITY-ST-ZIP	<b>LOXAHATCHEE, FL.</b>	
2.1 TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>MORRIS, BUDDY</b>	
2.3 STREET ADDRESS	<b>828 F ROAD</b>	
2.4 CITY-ST-ZIP	<b>LOXAHATCHEE, FL.</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>RUNCH, JACK</b>	
4.3 STREET ADDRESS	<b>964 Hibiscus</b>	
4.4 CITY-ST-ZIP	<b>ROYAL PALM BEACH, FL.</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>GANETTI, JACK</b>	
6.3 STREET ADDRESS	<b>1451 N. MILITARY TRAIL</b>	
6.4 CITY-ST-ZIP	<b>West Palm Beach, FL. 33409</b>	

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 if changed, or on an attachment with an address.

**SIGNATURE: Donald C. Gissow, Sr. Donald C. Gissow Sr.**

Date

**4-3-96**

Daytime Phone #

**407-793-5459**

CR2E037 (12/95)