

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33470-0224 US
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3. Date Incorporated or Qualified 10/05/1972	3a. Date of Last Report 04/10/1996
4. FEI Number 23-7213730	Applied For <input type="checkbox"/> Not Applicable
5. 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324
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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
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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 **5-5-**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBIERI, ROBERT	1.2 NAME	
STREET ADDRESS	14800 22ND ROAD N	1.3 STREET ADDRESS	
CITY - ST - ZIP	LOXAHATCHEE FL	1.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, BUDDY	2.2 NAME	
STREET ADDRESS	828 F ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	LOXAHATCHEE FL	2.4 CITY - ST - ZIP	
TITLE	AS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GISSOW, DONALD C. SR.	3.2 NAME	
STREET ADDRESS	78 WESTCUNK DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	ROYAL PALM BCH FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNCH, JACK	4.2 NAME	
STREET ADDRESS	964 HIBISCUS	4.3 STREET ADDRESS	
CITY - ST - ZIP	ROYAL PALM BEACH FL	4.4 CITY - ST - ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WELLER, GEORGE	5.2 NAME	THOMAS CHADKROWSKI SR.
STREET ADDRESS	827 PEPPER TREE CIR	5.3 STREET ADDRESS	SR. GOVERNOR
CITY - ST - ZIP	W PALM BCH FL	5.4 CITY - ST - ZIP	786 ORCHID DRIVE
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANETTI, JACK	6.2 NAME	
STREET ADDRESS	1451 N. MILITARY TRAIL	6.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	6.4 CITY - ST - ZIP	

14. I do 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: *Donald C. Giessow* **5-5-97** **561 793 5157**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0044384

CR2E037 (9/96)