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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **725075** (6)
1. Corporation Name
HIALEAH LODGE NO 1074, LOYAL ORDER OF MOOSE INC

Principal Place of Business: 305 E. 32ND ST, HIALEAH FL 33013, US
Mailing Address: 305 E 32ND ST, HIALEAH FL 33013-3214, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/18/1972
3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-0621925
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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-23)
2a. Mailing Address (24-26)
22. Suite, Apt. #, etc. (27)
23. City & State (28)
24. Zip (29)
25. Country (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
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PO
NAME	PRITT, ROBERT
STREET ADDRESS	10120 SW 37 ST
CITY - ST - ZIP	MIAMI FL
TITLE	VD
NAME	HUBBARD, ROBERT
STREET ADDRESS	750 E 5TH ST
CITY - ST - ZIP	HIALEAH FL
TITLE	TDS
NAME	GURETSE, JOSEPH
STREET ADDRESS	361 W. 30 ST
CITY - ST - ZIP	HIALEAH FL
TITLE	SDT
NAME	MILLER, GEORGE
STREET ADDRESS	217 E 48 ST
CITY - ST - ZIP	HIALEAH FL
TITLE	SDT
NAME	HANSON, ROBERT
STREET ADDRESS	434 E 48 ST
CITY - ST - ZIP	HIALEAH FL
TITLE	SDT
NAME	HANSON, ROBERT
STREET ADDRESS	434 E. 48 ST
CITY - ST - ZIP	HIALEAH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LAWANCE FLEISCHER	
1.3 STREET ADDRESS	PO BOX 3772	
1.4 CITY - ST - ZIP	HIALEAH FL 33013-3772	
2.1 TITLE	J.P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LARRY BEAUDOIN	
2.3 STREET ADDRESS	3790 E. 37 STREET	
2.4 CITY - ST - ZIP	HIALEAH, FL. 33013-2847	
3.1 TITLE	TDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RICHARD LENHARDT	
3.3 STREET ADDRESS	702 E. 37 ST.	
3.4 CITY - ST - ZIP	HIALEAH, FL. 33013-2630	
4.1 TITLE	SDT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	george miller	
4.3 STREET ADDRESS	217 E.46 ST.	
4.4 CITY - ST - ZIP	HIALEAH, FL 330113	
5.1 TITLE	SDT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ROBERT HANSON	
5.3 STREET ADDRESS	434 E 46 ST	
5.4 CITY - ST - ZIP	HIALEAH, FL. 33013	
6.1 TITLE	SDT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	A. J. WOEFLE	
6.3 STREET ADDRESS	305E 32 ST.	
6.4 CITY - ST - ZIP	HIALEAH, FL. 33-13	

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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **RALPH DUEY** *Ralph Duey* 4-22-95 305-888-8825
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR