

**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 # 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

3. Date Incorporated or Qualified: 12/18/1972  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 59-0621925  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 22  
City & State: 23  
Zip: 24  
Country: 25  
City & State: 27  
City & State: 28  
Zip: 29  
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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: FLEISCHER, LAWANCE STREET ADDRESS: P. O. BOX 3772 CITY-ST-ZIP: HIALEAH FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD 1.2 NAME: GEORGE DEVERE 1.3 STREET ADDRESS: 303 NW 97 ST 1.4 CITY-ST-ZIP: MIAMI, FL. 33150-1630	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: BEAUDOIN, LARRY STREET ADDRESS: 3790 E. 37 STREET CITY-ST-ZIP: HIALEAH FL	<input type="checkbox"/> DELETE <input checked="" type="checkbox"/>	2.1 TITLE: VD 2.2 NAME: PAUL O' GRADY 2.3 STREET ADDRESS: 865 W 70 PL 2.4 CITY-ST-ZIP: HIALEAH FL 33014-5219	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TDS NAME: LENHARDT, RICHARD STREET ADDRESS: 702 E. 37 ST. CITY-ST-ZIP: HIALEAH FL	<input type="checkbox"/> DELETE	3.1 TITLE: TDS 3.2 NAME: RICHARD LENHARDT 3.3 STREET ADDRESS: 702 E 37 ST 3.4 CITY-ST-ZIP: HIALEAH, FL 33013	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SDT NAME: MILLER, GEORGE STREET ADDRESS: 217 E. 46 ST. CITY-ST-ZIP: HIALEAH FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: STD 4.2 NAME: ROBERT RANDOLPH 4.3 STREET ADDRESS: 317 E 4 ST 4.4 CITY-ST-ZIP: HIALEAH, FL. 33010-4819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SDT NAME: HANSON, ROBERT STREET ADDRESS: 434 E. 46 ST. CITY-ST-ZIP: HIALEAH FL	<input type="checkbox"/> DELETE	5.1 TITLE: SDT 5.2 NAME: SDT ROBERT HANDSON 5.3 STREET ADDRESS: 434 E 46 ST 5.4 CITY-ST-ZIP: HIALEAH, FL. 33013	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SDT NAME: WOEFLER, A. J. STREET ADDRESS: 305 S 32 ST. CITY-ST-ZIP: HIALEAH FL	<input type="checkbox"/> DELETE <input checked="" type="checkbox"/>	6.1 TITLE: STD 6.2 NAME: JOHN POPOVICH 6.3 STREET ADDRESS: 131 W 59 ST 6.4 CITY-ST-ZIP: HIALEAH, FL. 33013-2623	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 199.032(4)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: WAYNE DEL TO *Wayne Delio* 4-22-96 305 888-8825  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)