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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 725075

(6)

HIALEAH LODGE NO 1074, LOYAL ORDER OF MOOSE INC

|  |  | 10 1074; LO1   |  |   | JE 1110    |   |   |  |  |                             |  |
|--|--|--|--|---|------------|---|---|--|--|-----------------------------|--|
| Principal Place o  | of Business  |  | Ma   | ailing Address  |            |   |   |  |  |                             |  |
| 305 E. 32ND ST<br>HIALEAH FL 33013<br>US   |  |  | 306 E 32ND ST<br>HIALEAH FL 33013-3214<br>US |   |            |   |   |  |  |                             |  |
|  |  |  |  |   |            | 3   | Date Incorporated or Qualified 12/18/1972   | 8/1972 05/01/1995  |  |                             |  |
| Principal Plac   | ce of Business   |  | 2a.  | Mailing Address   | 3          |   | 4   | I. FEI Number  |  | <b>⊢</b>                    | pplied For   |
| Suite, Apt. #, etc.  |  | 26   | Suite, Apt. #, etc.                          |   |            |   |   |  | ot Applicabl   |                             |  |
|  |  | 27   |  |   |            |   | 5. Certificate of Status Desired Fee F  |  |  |                             |  |
| City & State   |  |  | 28   | City & State  |            |   |   | <ol> <li>Election Campaign Financing<br/>Trust Fund Contribution</li> </ol>  |  | Added                       | May Be<br>to Fees  |
| Zip  |  | Country  |  | Zip   |            | Country   | F   | B. This corporation has liability for  | intangible tax<br>□ Yes □ t  |                             | 199.032,   |
|  | 25   | <u> </u>   | 29   |   | 30         | <del></del>   |   | Florida Statutes  0. Name and Address of New F   |  |                             |  |
|  | 9. Name an   | d Address of Cur   | rrent Regis                                  | stered Agent  |            | 81 Name   |   | D. Hallio and Addition of Hell !   |  |                             |  |
| 1200 SOL   | Poration S<br>JTH Pine ISI<br>ION FL 3332  | LAND ROAD  |  |   |            | 82 Stree  | t Address (   | P.O. Box Number is Not Acceptate   | ble)   |                             |  |
|  |  |  |  |   |            | 84 City   |   |  | FL   | 65   Zip                    | Code   |
|  |  |  |  |   | N. 1       |   | corporation   | n submits this statement for the pu  | rnoco of char  | noina its re                | egistered of   |
|  |  |  |  |   |            |   |   |  |  |                             |  |
| or registere<br>familiar with  | ed agent, or bo<br>h, and accept t   | he obligations of, S   | Section 617                                  | ,0503, Florida 318                                      | atutes.    | gistered Agent signatur   |   | n reinstating)   | DATE   | DIRECTO                     | DC IN 10   |
| or registere<br>familiar with  | ed agent, or bo<br>h, and accept t   | ne obligations of, a   | agent and title if                           | applicable. CTORS                                       | NOTE Reg   | gistered Agent signatur   | re required when  | ADDITIONS/CHANGES TO OF  | DATE<br>FICERS AND   | DIRECTO                     |  |
| or registere<br>familiar with<br>IGNATURE  | ed agent, or both, and accept the signature, typed or p  | ne colligations of, strinted name of registered  | agent and title if                           | rapplicable.  | NOTE Reg   | gistered Agent signatur 13. 1.1 TITLE   | re required when  | ADDITIONS/CHANGES TO OFF   | DATE<br>FICERS AND   | DIRECTO<br>Change           |  |
| or registere familiar with   | od agent, or both, and accept the signature, typed or posture, byped or posture.  PD FLEISCHEI   | of FICERS  R, LAWANCE  | agent and title if                           | applicable. CTORS                                       | NOTE Reg   | gistored Agent signatur 13- 1.1 TITLE 1.2 NAME  | re required when  | ADDITIONS/CHANGES TO OFF   | DATE<br>FICERS AND   | DIRECTO<br>Change           |  |
| or registere familiar with   | PD FLEISCHEI P. O. BOX   | of the configurations of the configurations of the configuration of the  | agent and title if                           | applicable. CTORS                                       | NOTE Reg   | gistored Agent signatur<br>13.<br>1.1 Title<br>1.2 NAME<br>1.3 \$TREET ADDRES   | re required when  | ADDITIONS/CHANGES TO OFF<br>SEORGE DEVERE<br>303 NW 97 ST  | DATE<br>FICERS AND   | Change                      |  |
| or registere familiar with GNATURE   | pd agent, or both, and accept the signature, typed or posterior properties of the pr | of the configurations of the configurations of the configuration of the  | agent and title if                           | appicable. CTORS  DELETI                                | (NOTE Reg  | gistered Agent signetur 13. 1.1 Title 1.2 NAME 1.3 \$TREET ADDRES 1.4 ÇITY-ST-ZIP   | re required when  | ADDITIONS/CHANGES TO OFF<br>SEORGE DEVERE<br>303 NW 97 ST  | DATE<br>FICERS AND   | Change                      | Additi   |
| or registere familiar with IGNATURE  | PD FLEISCHEI P. O. BOX HIALEAH F   | of FICERS  R, LAWANCE 3772   | agent and title if                           | applicable. CTORS                                       | (NOTE Reg  | 13. 1.1 TITLE 1.2 NAME 1.3 \$TREET ADDRES 1.4 ÇITY-ST-ZIP 2.1 TITLE   | re required where   | ADDITIONS/CHANGES TO OFF<br>GEORGE DEVERE<br>303 NW 97 ST<br>41AMI, FL. 3315   | DATE<br>FICERS AND   | Change                      | Additi   |
| or registere familiar with IGNATURE  | PD FLEISCHEI P. O. BOX HIALEAH I VO BEAUDOIN   | of FICERS  R, LAWANCE 3772  L  I, LARRY  | agent and title if                           | appicable. CTORS  DELETI                                | (NOTE Reg  | 13. 1.1 TITLE 1.2 NAME 1.3 \$TREET ADDRES 1.4 ÇITY-ST-ZIP 2.1 TITLE 2.2 NAME  | G G G M   | ADDITIONS/CHANGES TO OFF<br>SEORGE DEVERE<br>303 NW 97 ST<br>41AMI, FL. 3315   | DATE<br>FICERS AND   | Change                      | Additi   |
| or registere familiar with regnature   | PD FLEISCHEI P. O. BOX HIALEAH F VD BEAUDOIN 3790 E. 37  | officers  R, LAWANCE 3772  L  I, LARRY  STREET   | agent and title if                           | appicable. CTORS  DELETI                                | (NOTE Reg  | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES   | G G G G G G G G G G G G G G G G G G G   | ADDITIONS/CHANGES TO OFF<br>SEORGE DEVERE<br>303 NW 97 ST<br>41AMI, FL. 3315<br>7D<br>PAUL O' GRADY<br>365 W 70 PL   | PATE FICERS AND  5 0-163   | Change Change               | Additi   |
| or registere familiar with regnature   | PD FLEISCHEI P. O. BOX HIALEAH I VD BEAUDOIN 3790 E. 37 HIALEAH I  | officers  R, LAWANCE 3772  L  I, LARRY  STREET   | agent and title if                           | appicable. CTORS  DELETI                                | (NOTE: Reg | 13. 1.1 TITLE 1.2 NAME 1.3 \$TREET ADDRES 1.4 ÇITY-ST-ZIP 2.1 TITLE 2.2 NAME  | G G G G G G G G G G G G G G G G G G G   | ADDITIONS/CHANGES TO OFF<br>SEORGE DEVERE<br>303 NW 97 ST<br>41AMI, FL. 3315<br>7D<br>PAUL O' GRADY  | PATE FICERS AND  5 0-163   | Change Change               | ☐ Additi   |
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| or registere familiar with signature 2.  2.  Itle Amme Street Address Street Street Address Street St | PD FLEISCHEI P. O. BOX HIALEAH I VO BEAUDOIN 3790 E. 37 HIALEAH I TDS LENHARD 702 E. 37 HIALEAH I SDT MILLER, G 217 E. 46 HIALEAH SDT HANSON, 434 E. 46 HIALEAH SDT  | inted name of registered of Conficers  OFFICERS  R, LAWANCE 3772  I, LARRY  T, STREET  I, RICHARD  ST.  FL  ROBERT  ST.  FL  | agent and title if                           | PELETI DELETI DELETI                                    | E E TE     | 13. 1.1 TITLE 1.2 NAME 1.3 \$TREET ADDRES 1.4 ÇITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 \$TREET ADDRES 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 \$TREET ADDRES 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 \$TREET ADDRES 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 \$TREET ADDRES 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 \$TREET ADDRES 5.4 CITY-ST-ZIP 6.1 TITLE   | SS F SS   | ADDITIONS/CHANGES TO OFF<br>SEORGE DEVERE<br>303 NW 97 ST<br>41AMI, FL. 3315<br>7D<br>PAUL O' GRADY<br>365 W 70 PL<br>HIALEAH FL 3301<br>FDS<br>RICHARD LENHARD<br>702 E 37 ST<br>HIALEAH, FL 330<br>STD<br>ROBERT RANDOLPH<br>317 E 4 ST<br>HIALEAH, FL. 33<br>SDT ROBERT HAN<br>434 E 46 ST  | DATE FICERS AND  4-5216  013  1  8010-46  NDSON  | Change Change Change        | Additi   |
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SIGNATURE: WAYNE DELTO WAYNE OF PRINTED NAME OF BIGNING OFFICER OR DIRECT

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