

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
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DOCUMENT # 732602 (8)

1. Corporation Name

NORTH HILLSBORO LODGE NO. 1741, LOYAL ORDER OF MOOSE, INCORPORATED

Principal Place of Business

8908 LAKE SUNSET DR.  
P. O. BOX 262301  
TAMPA FL 33685-2301

Mailing Address

8908 LAKE SUNSET DR.  
P. O. BOX 262301  
TAMPA FL 33685-2301



3. Date Incorporated or Qualified 04/29/1975 3a. Date of Last Report 05/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1583367	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Country	29. Country		

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. City	400001795234 -04/25/96 --01106--033
84. Zip Code	***61.25 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	G	1.1 TITLE	DIRECTOR - GOVERNOR
NAME	MCCRACKEN, GARY E	1.2 NAME	HAROLD McDONALD
STREET ADDRESS	5713 MIDDLESEX DR	1.3 STREET ADDRESS	P.O. Box 262075 N/A
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33685-2075
TITLE	T	2.1 TITLE	DIRECTOR - JR GOVERNOR
NAME	FERRIGNO, LEW	2.2 NAME	JOHN JONES
STREET ADDRESS	6712 HIDDEN HILLS DR	2.3 STREET ADDRESS	8715 SE Meadowview Cir.
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL 33625
TITLE	S	3.1 TITLE	DIRECTOR - Administrator
NAME	LEIBY, LARRY R	3.2 NAME	JAMES SHORT
STREET ADDRESS	11911 CYPRESS VISTA	3.3 STREET ADDRESS	9060 BAYOU DR. #80
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	TAMPA, FL
TITLE	T	4.1 TITLE	TRUSTEE
NAME	WISTERMAN, IRA	4.2 NAME	ROBERT SWETLAND
STREET ADDRESS	9207 PATTERSON ST	4.3 STREET ADDRESS	10005 TARPON SPRINGS RD.
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	ODessa, FL
TITLE	T	5.1 TITLE	TRUSTEE
NAME	PURVIS, RAY	5.2 NAME	WILLIAM PENNY
STREET ADDRESS	9830 PALM WAY	5.3 STREET ADDRESS	6805 TROPICAN THORE
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	TAMPA, FL
TITLE	T	6.1 TITLE	TRUSTEE
NAME	PIERSON, MARTIN	6.2 NAME	Steve Nemeth
STREET ADDRESS	9618 CLUBHOUSE LANE	6.3 STREET ADDRESS	9193 Bayou Dr.
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	Tampa, FL 33635

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, changed or on an attachment with an address.

SIGNATURE:

Typed name and title of signing officer or director

Date

Signature

4/18 '96 920-4397  
59-1583367

CR2E037 (12/95)