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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:15

DOCUMENT # 732976 (6)

1. Corporation Name
LOYAL ORDER OF MOOSE GULF GATE LODGE # 608, INC.

Principal Place of Business	Mailing Address
6540 SUPERIOR AVENUE SARASOTA FL 34231-5836	6540 SUPERIOR AVENUE SARASOTA FL 34231-5836

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/06/1975
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1573776 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip / Country 24 / 25	Zip / Country 29 / 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

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

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	MCALLISTER, FRED.	12 NAME		
STREET ADDRESS	7032 BEE RIDGE ROAD	13 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	NICKERSON, FREDERICK	22 NAME		
STREET ADDRESS	2121 WOOD ST.	23 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP		
TITLE	AD	31 TITLE		☐ Change ☐ Addition
NAME	CARTER, ERNEST	32 NAME		
STREET ADDRESS	6303 OLIVE AVE.	33 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP		
TITLE	PD	41 TITLE	PRELATE	☒ Change ☐ Addition
NAME	BARTHALOW, GEORGE	42 NAME	RALPH TONY ICENN	
STREET ADDRESS	2620 AUSTINST.	43 STREET ADDRESS	4996 LAS VEGAS DR,	
CITY-ST-ZIP	SARASOTA FL	44 CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	T	51 TITLE	TRUSTEE	☐ Change ☐ Addition
NAME	RHOADS, RICHARD A	52 NAME	DUSTY MEYER	
STREET ADDRESS	6012 MURDOCK ST.	53 STREET ADDRESS	3336 PLANTATION DR	
CITY-ST-ZIP	SARASOTA FL	54 CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	T	61 TITLE	JR. DEV.	☐ Change ☐ Addition
NAME	PORTER, JAMES	62 NAME	CAL HOWLETT	
STREET ADDRESS	3230 YORKTOWN	63 STREET ADDRESS	3067 LOCKWOOD TER.	
CITY-ST-ZIP	SARASOTA FL	64 CITY-ST-ZIP	SARASOTA, FL	

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)(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: Ernest Carter ERNEST CARTER 3/1/95 921-1139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018516