✔ FILÈ NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 06 1997 8:00am

Secretary of State

Secretary State DIVISION OF CORPORATIONS

DOCUMENT #

NAME .

STREET ADDRESS

BARTHALOW, GEORGE

2620 AUSTIN STREET

(6)

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

Principal Place of Business		Mailing Address		(18811) (9999 1910 13919 1811) (8819 \$111 91810 81811	menel dibte aratt gratt inne	
6540 SUPERIOR AVENUE SARASOTA FL 34231-5836		6540 SUPERIOR AVENUE SARASOTA FL 34231-5836				
				06/06/1975 0	of Last Report 13/11/1996	
Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-1573776	Applied For Not Applicable	
		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23 28				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for intangible ta		
24	25		30	Florida Statutes Yes		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
			81 Name	•	ļ	
C T CORPORATION SYSTEM			82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
1200 SOUTH PINE ISLAND ROAD			83			
PLANTATION FL 33324			03			
			84 City		85 Zip Code	
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 retinstating). OATE						
Signature, typed or printed name of registered agent and title if applicable (NOTE 12. OFFICERS AND DIRECTORS		Hegistered Agent signature requir	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 12		
TITLE	PD	DELETE			Change Addition	
NAME	KEHN, RALPH A.		1,2 NAME	Camien Janome		
STREET ADDRESS	4996 LAS VEGAS DRIVE		1.3 STREET ADDRESS	2050 Mohawh ST		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	Sarasata +4 34221		
TITLE	VO.	DELETE	2.1 TITLE	D .	Change Addition	
NAME	NICKERSON, FREDERICK		2.2 NAME	Leo Qumens		
STREET ADDRESS	2121 WOOD ST.		2.3 STREET ADDRESS	2036 Sun Home STi		
CITY-ST-ZIP	SARASOTA FL	DELETE	2. 4 CITY-ST-ZIP	Saras. Ta 71. 34731	Change Addition	
TITLE	AD Carter, Ernest	T' DETE LE		, o	Change Addition	
NAME CYDEET ADODESC	6303 OLIVE AVE.		3.2 NAME 3.3 STREET ADDRESS	NONE		
STREET ADDRESS CITY-ST-ZIP	SARASOTA FL		3.4. CITY - ST - ZIP	•		
TITLE	PD	DELETE		B. Tom Spon wours	Change Addition	
NAME	KEHN, RALPH T		4. 2 NAME	•	•	
STREET ADDRESS	4996 LAS VAGAS DRIVE		4.3 STREET ADDRESS	5633 Brong ave		
CITY-ST-ZIP	SARASOTA FL		4.4 CHTY-ST-ZIP	Samusota 21, 34231		
TITLE	T	DELETE	5.1 TITLE		Change Addition	
NAME	LAGASSE, ROBERT		5 2 NAME	3\$50 Mohawk ST.		
STREET ADDRESS	3837 HELENE STREET		5.3 STREET ADDRESS	Sanasota 41. 2423 (
CITY-ST-ZIP	SARASOTA FL		5.4 CITY - ST - ZIP			
TITLE	Ι Τ	☐ DELETE	6.1 TITLE	T T	■ Change	

14. I do hereby certify that the information supplied with this filing 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.

6.3 STREET ADDRESS

6.2-NAME