

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **732976** (6)

1. Corporation Name

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



Principal Place of Business 6540 SUPERIOR AVENUE SARASOTA FL 34231-5836	Mailing Address 6540 SUPERIOR AVENUE SARASOTA FL 34231-5836
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3. Date Incorporated or Qualified

06/06/1975

4. FEI Number

59-1573776

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KEHN, RALPH A.	
STREET ADDRESS	4996 LAS VEGAS DRIVE	
CITY-ST-ZIP	SARASOTA FL	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	NICKERSON, FREDERICK	
STREET ADDRESS	2121 WOOD ST.	
CITY-ST-ZIP	SARASOTA FL	

TITLE	AD	<input checked="" type="checkbox"/> DELETE
NAME	CARTER, ERNEST	
STREET ADDRESS	6303 OLIVE AVE.	
CITY-ST-ZIP	SARASOTA FL	

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KEHN, RALPH T	
STREET ADDRESS	4996 LAS VEGAS DRIVE	
CITY-ST-ZIP	SARASOTA FL	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LAGASSE, ROBERT	
STREET ADDRESS	3637 HELENE STREET	
CITY-ST-ZIP	SARASOTA FL	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BARTHALOW, GEORGE	
STREET ADDRESS	2620 AUSTIN STREET	
CITY-ST-ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Thomas Chase	
1.3 STREET ADDRESS	2549 Loands Ave	
1.4 CITY-ST-ZIP	Sarasota FL 34231	

2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jim Stephens	
2.3 STREET ADDRESS	2921 Gumbria St	
2.4 CITY-ST-ZIP	Sarasota FL 34237	

3.1 TITLE	Adm	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	John F. Carrigan	
3.3 STREET ADDRESS	3050 Imbach St	
3.4 CITY-ST-ZIP	Sarasota FL 34231	

4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Terry Marshall	
4.3 STREET ADDRESS	3210 Lexington St	
4.4 CITY-ST-ZIP	Sarasota FL 34231	

5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Ted Roberts	
5.3 STREET ADDRESS	2511 Trinidad St	
5.4 CITY-ST-ZIP	Sarasota FL 34231	

6.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Bria Bilik	
6.3 STREET ADDRESS	2404 Post Rd	
6.4 CITY-ST-ZIP	Sarasota FL 34231	

14. I 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.

SIGNATURE: John F. Carrigan **REQUIRE**

1-19-98 921-1139

CR2E037 (10/97)