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**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90013 028 \*\*\*\*61.25

003854

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 738047**

1. Corporation Name

**NORTH MIAMI LODGE NO. 1656, LOYAL ORDER OF MOOSE  
, INC.**

Principal Place of Business

**25 NORTHWEST 150TH ST.  
NORTH MIAMI FL 33168**

Mailing Address

**25 NORTHWEST 150TH ST.  
NORTH MIAMI FL 33168**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

3. Date Incorporated or Qualified

**02/08/1977**

4. FEI Number

**59-0938049**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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

T ☐ DELETE  
NAME **CAPUTO, ROBERT**  
STREET ADDRESS **120 NE 213 RD ST**  
CITY-STATE-ZIP **MIAMI FL 33179**

T ☐ DELETE  
NAME **STOREY, IRVING J.**  
STREET ADDRESS **91 NW 151 ST**  
CITY-STATE-ZIP **MIAMI FL 33169**

T ☐ DELETE  
NAME **CHAUNCEY, CHRISTIE**  
STREET ADDRESS **9674 NW 10 AVE, STE E512**  
CITY-STATE-ZIP **MIAMI FL 33150**

☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **RICHARD - CT IS**  
1.3 STREET ADDRESS **270 N.E. 200 TERR**  
1.4 CITY-STATE-ZIP **NORTH MIAMI BCH, FL 33179-2947**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/26/99 3059440879**

CR2E037 (11/98)