

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 738950 (5) 1. Corporation Name ST. AUGUSTINE LODGE NO. 1017, LOYAL ORDER OF MOOSE, INC.			
Principal Place of Business 100 STATE ROAD 16 ST AUGUSTINE FL 32095		Mailing Address 100 STATE ROAD 16 ST AUGUSTINE FL 32095-1654	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State N/A 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State N/A 28 Zip 29 Country	
3. Date Incorporated or Qualified 05/05/1977		3a. Date of Last Report 03/25/1996	
4. FEI Number 59-0696275		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent DUKE, JAMES E 100 SR 16 ST. AUGUSTINE FL 32095 <i>Delete</i>		10. Name and Address of New Registered Agent 81 Name Arthur Capo 82 Street Address (P.O. Box Number is Not Acceptable) 100 SR 16 83 84 City St. Augustine FL 85 Zip Code 32095	
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, am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.			
SIGNATURE <i>[Signature]</i> Signature of individual or previous registered agent and title if applicable		DATE 4-9-97 (NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP DA DUKE, JAMES E 3145 COASTAL HWY 1152 ST AUGUSTINE FL 32095 <input checked="" type="checkbox"/> DELETE D COATS, ROBERT 1840 LIGHTSEY ROAD ST AUGUSTINE FL 32086 <input checked="" type="checkbox"/> DELETE D CLINGERMAN, E.S. 1355 FAIRCHILD CIR ST AUGUSTINE FL 32095 <input checked="" type="checkbox"/> DELETE D LANDRY, N.J. 37 GROVE AVENUE ST AUGUSTINE FL 32084 <input type="checkbox"/> DELETE <i>SAME STAYS</i> D <input type="checkbox"/> DELETE D <input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE DA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Arthur Capo 1.3 STREET ADDRESS 100 SR 16 1.4 CITY-ST-ZIP St. Augustine, FL 32095 2.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME Virgil Fox 2.3 STREET ADDRESS 2879 N. 1ST ST. 2.4 CITY-ST-ZIP St. Augustine, FL 32095 3.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME Gordon Robinson 3.3 STREET ADDRESS 100 SR 16 3.4 CITY-ST-ZIP St. Augustine, FL 32095 4.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME John Matvick 4.3 STREET ADDRESS 3160 Audra Rd 4.4 CITY-ST-ZIP St. Augustine 32095 5.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME Robert Coats 5.3 STREET ADDRESS 1840 Lightsey Rd. 5.4 CITY-ST-ZIP St. Augustine, FL 32086 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
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.			
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 4-9-97 Daytime Phone # 904-829-5006	

CR2E037 (9/96)