## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

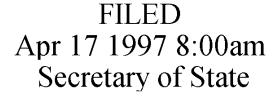
Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 738950

(5)

ST. AUGUSTINE LODGE NO. 1017, LOYAL ORDER OF MOO





SE, INC	<b>).</b>				PAN BION AND AND AND AND AND AND AND AND AND AN
Principal Place	e of Business	Mailing Address		T HEREIGN LINES O NÝMEL TOÝMA POPOL BINNE.	OBIN OPON OPON BINN BINN OPON OPON OBOU
100 STATE ROA		100 STATE ROAD 18 St augustine FL 32095-16	354		
1				<ol> <li>Date Incorporated or Qualified 05/05/1977</li> </ol>	3a. Date of Last Report 03/25/1996
2. Principal Pi	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26		59-0696275	Not Applicable
Suite, Apt.	1/1	Suite, Apt. #, etc.	1	5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	· NIV	City & State DIF	1	<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>	\$5.00 May Be Added to Fees
Zıp	Country	Zip	Country	This corporation has liability fo	
24	25	29	30		Yes No
	9. Name and Address of Curre	10. Name and Address of New R	egistered Agent		
NINE U	MICO C		81 Name	Hrthur Ca	po
DUKE, JAMES E 100 SR 16  De Lete  62 Street Address				ddress (P.O. Box Number is Not Accept	able)
	USTINE FL 32095	July 12	83		
DI. AGG	DOINT I C OFFICE		04 00		OF Zin Code
1			84 City	- Augustine	FL 85 Zip Code 7 2095
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statut	es, the above-named o	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. On family with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE	and the second				4-9-97 DATE
L	Signature, speed or privide manual suistered a	gent and title if applicable (NOTI NO DIRECTORS	E: Registered Agent signature r	required when reinstating)  ADDITIONS/CHANGES TO OFF	
12.	DA OFFICERS A	DELETE	1.1 TITLE	OA .	ICERS AND DIRECTORS IN 12  Change Addition
NAME.	DUKE, JAMES E		1,2 NAME	Arthur Capo	
STREET ADDRESS	3145 COASTAL HWY 1152		1.3 STREET ADDRESS	100 5R 16	\ <u>{</u>
CITY-ST-ZIP	ST AUGUSTINE FL 32095		1.4 CITY-ST-ZIP	5t, Augustive, E	L 32095 8
TITLE	D	DELETE	2.1 TITLE	0	Change
NAME	COATS, ROBERT		2.2 NAME	VIrgil Fox	
STREET ADDRESS	1840 LIGHTSEY ROAD		2.3 STREET ADDRESS	7819 N. 12 3	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	M DELETE	2. 4 CITY - ST - ZIP	51. Hugustwe,	FL 32095
TITLE	D OLINOCOMAN C.C.	<b>⊠</b> DELETE	3.1 TITLE 3.2 NAME	Gordon Robinson	E Cusude [ ] vooilion
NAME STREET ADDRESS	CLINGERMAN, E.S. 1355 FAIRCHILD CIR		3.3 STREET ADDRESS	100 5R 16	
CITY-ST-ZIP	ST AUGUSTINE FL 32095		3.4. CITY-ST-ZIP	ST Allanstine	FL 32095
TITLE	D	☐ DELETE	4.1 TITLE	John Marvick	Change Addition
NAME	LANDRY, N.J.	- 4.41.0	4.2 NAME		
STREET ADDRESS	37 GROVE AVENUE	5AML	4.3 STREET ADDRESS	3160 Audra R	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	<u> </u>	4.4 CITY-ST-ZIP	St. Hugustive	3209 ≤
TITLE		☐ DELETE	5.1 TITLE	St. Augustive Robert Coats 1940 Lightsey P 51. Augustive,	LAT Change L Addition
NAME			5.2 NAME	1010 lielitere	2 d .
STREET ADDRESS	,		5.3 STREET ADDRESS	1 340 Light 3 kg	E1 22096
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	ST. Huguetwe,	Change Addition
TITLE NAME		□ betric	6.2 NAME	-	Samuel Principle
STREET ADDRESS			6.3 STREET ADDRESS		1
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	L			The second secon	

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:

OCMATURE REQUIRED