


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
---	--

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
(8) This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.
22. City & State N/A	27. City & State N/A
23. Zip Country	28. Zip Country
24. Zip Country	29. Zip Country

9. Name and Address of Current Registered Agent
DUKE, JAMES E
100 SR 16
ST. AUGUSTINE FL 32095

Delete

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
85 Zip Code FL 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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: **4-9-97**

12. OFFICERS AND DIRECTORS

TITLE	DA	<input checked="" type="checkbox"/> DELETE
NAME	DUKE, JAMES E	
STREET ADDRESS	3145 COASTAL HWY 1152	
CITY-ST-ZIP	ST AUGUSTINE FL 32095	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COATS, ROBERT	
STREET ADDRESS	1840 LIGHTSEY ROAD	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CLINGERMAN, E.S.	
STREET ADDRESS	1355 FAIRCHILD CIR	
CITY-ST-ZIP	ST AUGUSTINE FL 32095	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANDRY, N.J.	
STREET ADDRESS	37 GROVE AVENUE	<i>SAME STAYS</i>
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	1940 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: *[Signature]* SIGNATURE REQUIRED DATE: **4-9-97** DAYTIME PHONE: **904-829-5006**

CR2E037 (9/96)