

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739867 (0)

1. Corporation Name

BIG PINE KEY LODGE NO. 1585 LOYAL ORDER OF MOOSE, INC.

Principal Place of Business

Mailing Address

WILDER RD. & 21ST STREET
P.O. BOX 749
BIG PINE KEY FL 33043

~~WILDER RD. & 21ST STREET~~
P.O. BOX 749
BIG PINE KEY FL 33043



3. Date Incorporated or Qualified
08/09/1977

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 21st street + Wilder Rd.

2a. Mailing Address
26 P.O. Box 430749

22 Suite, Apt. #, etc.
Lodge 1585

27 Suite, Apt. #, etc.
Lodge 1585

23 City & State
Big Pine Key, Florida

28 City & State
Big Pine Key, Florida

24 Zip
33043

25 Country
Monroe

29 Zip
33043

30 Country
Monroe

4. FEI Number
59-1706927

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
900001855159
83 **-06/07/96--01022--001**
84 City
*****70.00**
85 Zip Code
FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
T	WILDEY, KENNETH	RT. 5, BOX 783	BIG PINE KEY FL	<input type="checkbox"/>
PG	WHITERMORE, FRED	P.O. BOX 431623 N/A	BIG PINE KEY FL	<input checked="" type="checkbox"/>
G	BADMAN, LOUIS	RT3 BOX 253R	BIG PINE KEY FL	<input checked="" type="checkbox"/>
T	RUSSELL, PAT	RT1 BOX 511A	BIG PINE KEY FL	<input checked="" type="checkbox"/>
T	SZABO, FRED	P.O. BOX 430247 N/A	BIG PINE KEY FL	<input checked="" type="checkbox"/>
	CONKRIGHT, RICHARD	RT. 1, BOX 660C	BIG PINE KEY FL	<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
Trustee/Treasurer	wilkey - kenneth	RT 5 Box 783	Big Pine Key FL 33043	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Director/ Past Governor	Whitermore, Fred	RT3 bx 253	BIG PINE KEY FL 33043	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Director/ Governor	Badman, Louis	P.O. BX 430247 N/A	BIG PINE KEY, FL 33043	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Trustee	Russell, Pat	p.o. BX 420398 - N/A	SUMMERLAND KEY FL 33042	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Trustee	Szabo, Fred	P.O. BX 430243 - N/A	BIG PINE KEY FL 33043	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Director/ Secretary	Conkright, Richard	RT 1 Box 660C	Big Pine Key FL 33043	<input checked="" type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, trustee, or assignee 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: **RICHARD N CONKRIGHT**

4-25-96 872-1141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)