

FILE NOW: FILING FEE IS \$61.25

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**Jun 13 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 739867 (0)

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



Principal Place of Business 21ST STREET & WILDER RD. LODGE 1585 BIG PINE KEY FL 33043	Mailing Address PO BOX 430749 LODGE 1585 BIG PINE KEY FL 33043-0749
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3. Date Incorporated or Qualified 08/09/1977	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1706927	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 29 Zip Country
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	TRT	<input type="checkbox"/> DELETE
NAME	WILDEY, KENNETH	
STREET ADDRESS	RT. 5, BOX 783	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WHITERMORE, FRED	
STREET ADDRESS	RT 3 BOX 253	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BADMAN, LOUIS	
STREET ADDRESS	PO BOX 430398 (N/A)	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE	TRUS	<input checked="" type="checkbox"/> DELETE
NAME	RUSSELL, PAT	
STREET ADDRESS	PO BOX 420398 (N/A)	
CITY-ST-ZIP	BIG PINE KEY FL 33042	
TITLE	TRUS	<input type="checkbox"/> DELETE
NAME	SZABO, FRED	
STREET ADDRESS	P.O. BOX 430243 (N/A)	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE	D/S	<input type="checkbox"/> DELETE
NAME	CONKRIGHT, RICHARD	
STREET ADDRESS	RT. 1, BOX 660C	
CITY-ST-ZIP	BIG PINE KEY FL 33043	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TRT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Wildey, Kenneth	
1.3 STREET ADDRESS	2224 Matthews Rd.	
1.4 CITY-ST-ZIP	Big Pine Key, FL 33043	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WALLACH, KENNETH	
2.3 STREET ADDRESS	RT3 BOX D	
2.4 CITY-ST-ZIP	BIG PINE KEY FL 33043	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOEL LOWERY	
3.3 STREET ADDRESS	29162 ASTER LANE	
3.4 CITY-ST-ZIP	BIG PINE KEY FL 33043	
4.1 TITLE	TR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JOHN L. SAVIDAN	
4.3 STREET ADDRESS	P.O. BOX 430243 (N/A)	
4.4 CITY-ST-ZIP	BIG PINE KEY FL 33043	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D/S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Conkright, Richard	
6.3 STREET ADDRESS	31220 Ave. I	
6.4 CITY-ST-ZIP	Big Pine Key FL33043	

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.

CR2E037 (9/96)