FILE NOW: FILING FEE IS $61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
21ST STREET & WILDER RD. LODGE 1585 BIG PINE KEY FL 33043	PO BOX 430749 LODGE 1585 BIG PINE KEY FL 33043

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 08/09/1977

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TRT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WILDEY, KENNETH		1.2 NAME		
STREET ADDRESS	2224 MATTHEWS RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	BIG PINE KEY FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WALLACH, KENNETH		2.2 NAME		
STREET ADDRESS	~~RT 3, BOX D~~ 29488 GERALDINE ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	BIG PINE KEY FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☐ Addition
NAME	LOWERY, JOEL		3.2 NAME	THOMAN, GEORGE	
STREET ADDRESS	29162 ASTER LANE		3.3 STREET ADDRESS	31316 AVE J	
CITY-ST-ZIP	BIG PINE KEY FL		3.4 CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE	TR	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SAVIDAN, JOHN L		4.2 NAME		
STREET ADDRESS	P.O. BOX 430243 N/A		4.3 STREET ADDRESS		
CITY-ST-ZIP	BIG PINE KEY FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	SZABO, FRED		5.2 NAME	HAIT, MARK	
STREET ADDRESS	P.O. BOX 430243 (N/A)		5.3 STREET ADDRESS	29148 ROSE DR	
CITY-ST-ZIP	BIG PINE KEY FL		5.4 CITY-ST-ZIP	~~BIG PINE KEY FL 33043~~	
TITLE	DS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CONKRIGHT, RICHARD		6.2 NAME		
STREET ADDRESS	31220 AVE I		6.3 STREET ADDRESS		
CITY-ST-ZIP	BIG PINE KEY FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I 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: Richard W Conkright 4-29-98