

FILE NOW: FILING FEE IS \$61.25

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Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90015 010 ****70.00

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



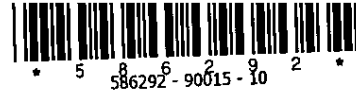
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739867

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

Principal Place of Business
1ST STREET & WILDER RD.
ODGE 1585
BIG PINE KEY FL 33043

Mailing Address
PO BOX 430749
LODGE 1585
BIG PINE KEY FL 33043



Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	26	08/09/1977
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
	27	59-1706927
City & State	City & State	Applied For
	28	<input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired
25		<input type="checkbox"/> \$8.75 Additional Fee Required
	29	6. Election Campaign Financing
	30	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM C/O C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

1. 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)

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TRT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACH, KENNETH	2.2 NAME	FRED SALZO
STREET ADDRESS	29488 GERALDINE ST	2.3 STREET ADDRESS	P.O. BOX 430247
CITY-ST-ZIP	BIG PINE KEY FL	2.4 CITY-ST-ZIP	BIG PINE KEY FLA 33043
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAN, G	3.2 NAME	CHARLES LEE HUGHES
STREET ADDRESS	31316 AVE J	3.3 STREET ADDRESS	29563 SARATOGA AVE
CITY-ST-ZIP	BIG PINE KEY FL 33043	3.4 CITY-ST-ZIP	BIG PINE KEY FL 33043
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TART, M	4.2 NAME	THOMAS DICKEY P.O. Box 43
STREET ADDRESS	29148 ROSE DR	4.3 STREET ADDRESS	BIG PINE KEY FL 33043
CITY-ST-ZIP	BIG PINE KEY FL 33043	4.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONKRIGHT, RICHARD	5.2 NAME	
STREET ADDRESS	31220 AVE I	5.3 STREET ADDRESS	
CITY-ST-ZIP	BIG PINE KEY FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

4. 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, with all other like empowered.

SIGNATURE: Richard Conkright **REQUIRE** 5/31/99 305-872-1191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 305-872-2320

CR2E037 (1/198)