


FILE NOW: FILING FEE IS \$61.25

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90031 011 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 746232					
1. Corporation Name FLAGLER COUNTY LODGE NO. 895, LOYAL ORDER OF MOOSE, INC.					
Principal Place of Business 111 S. RAILROAD ST. BUNNELL FL 32110 US			Mailing Address P.O. BOX 1809 BUNNELL FL 32110-1809		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/13/1979	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2454773	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing <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			
STANLEY, NOEL J 24 CLAY MOUNT CT S PALM COAST FL 32137				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				# 2 EDGAR LANE			
				84 City			
				PALM COAST FL			
				85 Zip Code			
				32137			

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 agent 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 Bruce M. Kramer Bruce M. Kramer 4/27/99

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	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CRAMER, TOM			1.2 NAME	Lemke, ERLAND		
STREET ADDRESS	P.O. BOX 2326 N/A			1.3 STREET ADDRESS	PO BOX 596 N/A		
CITY-ST-ZIP	BUNNELL FL 32110			1.4 CITY-ST-ZIP	BUNNELL FL 32110		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MOWERY, LARRY			2.2 NAME	SHROYER, Gene H		
STREET ADDRESS	128 ROLLING SANDS DR			2.3 STREET ADDRESS	RR 1 BOX 2-E		
CITY-ST-ZIP	PALM COAST FL 32164			2.4 CITY-ST-ZIP	BUNNELL FL 32110		
TITLE	A	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	A	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	NOEL, J STANLEY			3.2 NAME	KRAMER, Bruce M		
STREET ADDRESS	24 CLAYMOUNT CT S			3.3 STREET ADDRESS	2 EDGAR LANE		
CITY-ST-ZIP	PALM COAST FL			3.4 CITY-ST-ZIP	PALM COAST FLA 32137		
TITLE	T	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FRASER, ALLEN			4.2 NAME	McKelvin, HERBERT		
STREET ADDRESS	3727 RT 304			4.3 STREET ADDRESS	PO BOX 1269 N/A		
CITY-ST-ZIP	BUNNELL FL			4.4 CITY-ST-ZIP	BUNNELL FL 32110		
TITLE	T	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	STANKEWICH, MICHAEL			5.2 NAME	McKelvin, FLOYD		
STREET ADDRESS	P.O. BOX 1911 N/A			5.3 STREET ADDRESS	PO BOX 844 N/A		
CITY-ST-ZIP	BUNNELL FL			5.4 CITY-ST-ZIP	BUNNELL FL 32110		
TITLE	T	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRED GOLDSTEIN			6.2 NAME			
STREET ADDRESS	RR 1 BOX 613 N/A			6.3 STREET ADDRESS			
CITY-ST-ZIP	BUNNELL FL			6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: Bruce M. Kramer Bruce M. Kramer 4/27/99 9044376878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)