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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 746480

1. Corporation Name
KENDALE LAKES LODGE # 2086 LOYAL ORDER OF MOOSE, INC.

Principal Place of Business
KENDALE LAKES MOOSELODGE 2086
12254 SW 128 STREET
MIAMI FL 33186
US

Mailing Address
DECEASED
BYRON R. RUSSELL
7217 SW 62 AVE. SUITE 204
MIAMI FL 33143

2. Principal Place of Business 21 N/A	2a. Mailing Address 26 12254 S.W 128 ST.	3. Date Incorporated or Qualified 03/26/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1885465 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 MIAMI FL.	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 25	Zip / Country 29 33186 30 DADE	6. Election Campaign Financing ☐ $5.00 May Be Added to Fees Trust Fund Contribution

9. Name and Address of Current Registered Agent

FARRELL, RICHARD
15836 SW 74 LANE
~~SUITE 204~~
MIAMI FL 33193

10. Name and Address of New Registered Agent

81 Name RICHARD DESMOND
82 Street Address (P.O. Box Number is Not Acceptable) 12306 S.W 119 PL.
83
84 City MIAMI FL 85 Zip Code 33186

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 Richard Desmond 3/17/99
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	PGD FARRELL, RICHARD 15836 SW 74 LN MIAMI FL 33193	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DESMOND, RICHARD 12306 SW 119 PL MIAMI FL 33186	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PINDER, ROBERT C 10465 SW 42 TERR MIAMI FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition HARRY McCLUNG 5105E 22 LANE Hmstd FL 33033
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MATLOFF, ROBERT 12205 SW 105 TERR MIAMI FL 33186	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DALSGAARD, MICHAEL 12026 SW 110 ST C-E MIAMI FL 33186	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

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: SIGNATURE REQUIRED RICHARD FARRELL 1/7/99 305-255-5382
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #