

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **750713** (0)

1. Corporation Name

FORT PIERCE LODGE NO. 248, LOYAL ORDER OF MOOSE, INC.

Principal Place of Business

Mailing Address

**3505 KIRBY LOOP RD.
FORT PIERCE FL 34981
US**

**3505 KIRBY LOOP RD.
FORT PIERCE FL 34981
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/22/1980	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-0652258	
24 Country		30 Country		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

10. Name and Address of New Registered Agent

**YOUNG, ROY
1207 SOLTMAN AVE.
FT PIERCE FL 34950**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D KULSCAR, THOMAS	1.1 TITLE	P JAMES ANDERSON
NAME	3200 S 7TH ST LOT 137	1.2 NAME	7603 WINTER GDN. PKWY
STREET ADDRESS	FT PIERCE FL	1.3 STREET ADDRESS	FORT PIERCE, FL 34951
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D BALSAMO, MICHAEL	2.1 TITLE	D CARMINO FAMILANO
NAME	5207 PALM DR	2.2 NAME	107 S. 36 ST.
STREET ADDRESS	FT PIERCE FL	2.3 STREET ADDRESS	FORT PIERCE, FL 34947
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD BUCHANAN, ANDREW	3.1 TITLE	D JAMES BERINGER
NAME	915 GATEWOOD AVE	3.2 NAME	107 GRANDVIEW BLVD.
STREET ADDRESS	FT PIERCE FL	3.3 STREET ADDRESS	FORT. PIERCE FL 34982
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	A HORAN, ROBERT	4.1 TITLE	D TOM PARTINGTON
NAME	8021 OKEECHOBEE RD	4.2 NAME	104 ROSELYN AV.
STREET ADDRESS	FT PIERCE FL 34945	4.3 STREET ADDRESS	FORT PIERCE FL 34982
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	T SPAIDE, TERRY	5.1 TITLE	
NAME	1722 SW VICTOR LN	5.2 NAME	
STREET ADDRESS	PORT ST LUCIE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	T JOHNSON, RICK	6.1 TITLE	
NAME	2208 TORTUGA ST	6.2 NAME	
STREET ADDRESS	FT PIERCE FL 34982	6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

CR2E037 (10/97)