

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 762556 (9)

1. Corporation Name

KEY WEST LODGE NO. 1760, LOYAL ORDER OF MOOSE, I  
NC.

Principal Place of Business

Mailing Address

700 EISENHOWER DR.  
KEY WEST FL 33040  
US

700 EISENHOWER DR.  
KEY WEST FL 33040  
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

03/23/1982

3a. Date of Last Report

01/27/1995

4. FEI Number

59-0873276

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEY WEST LODGE 1760 LOYAL ORDER OF MOOSE  
700 EISENHOWER DR.  
KEY WEST FL 33040

81 Name

KENNETH D WARDLOW

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

83

3142 NORTHSIDE DR.

84 City

KEY WEST

FL

85 Zip Code

33040

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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

*Kenneth D Wardlow*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE  
NAME KRUG, ALAN  
STREET ADDRESS 1907 SEIDENBERG LN  
CITY-ST-ZIP KEY WEST FL

1.1 TITLE GOVERNOR ☐ Change ☐ Addition  
1.2 NAME GILBERT SUAREZ  
1.3 STREET ADDRESS 13-C PORTER PL  
1.4 CITY-ST-ZIP KEY WEST FL 33040

TITLE D ☐ DELETE  
NAME THIEL, KENNETH  
STREET ADDRESS 9 COCONUT DR  
CITY-ST-ZIP KEY WEST FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME FENWICK, DIRK  
STREET ADDRESS 1908 FOGARTY  
CITY-ST-ZIP KEY WEST FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME RIGGS, JR. C  
STREET ADDRESS 3729 PAULA ST  
CITY-ST-ZIP KEY WEST FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS 200001736882  
4.4 CITY-ST-ZIP -03/08/96--01032--005

TITLE SD ☐ DELETE  
NAME CARBONELL, JACK  
STREET ADDRESS 1315 OLMA ST  
CITY-ST-ZIP KEY WEST FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP \*\*\*75.00

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jack Carbonell*

JACK CARBONELL

1/26/96

Daytime Phone #

X

CR2E037 (12/95)