

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33040-7012
US****SAME****SAME**

2. Principal Place of Business

2a. Mailing Address

21 **SAME**26 **SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
03/23/19823a. Date of Last Report
03/07/1996

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**WARDLOW, KENNETH D
3142 NOTHSIDE DR.
KEY WEST FL 33040**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	G	<input type="checkbox"/> DELETE
NAME	SUAREZ, GILBERT	
STREET ADDRESS	13-C PORTER PL	
CITY-ST-ZIP	KEY WEST FL 33040	

1.1 TITLE	B JULIAN BARRIOS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	1213 14TH ST LOT 20	
1.3 STREET ADDRESS	KEY WEST FL 33040	
1.4 CITY-ST-ZIP	KEY WEST FL 33040	

TITLE	D	<input type="checkbox"/> DELETE
NAME	THIEL, KENNETH	
STREET ADDRESS	9 COCONUT DR	
CITY-ST-ZIP	KEY WEST FL	

2.1 TITLE	D SAOREZ GILBERT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	13-C PORTER PL	
2.3 STREET ADDRESS	KEY WEST, FL 33040	
2.4 CITY-ST-ZIP	KEY WEST, FL 33040	

TITLE	D	<input type="checkbox"/> DELETE
NAME	FENWICK, DIRK	
STREET ADDRESS	1908 FOGARTY	
CITY-ST-ZIP	KEY WEST FL	

3.1 TITLE	D FENWICK DURK	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	1908 FOGARTY	
3.3 STREET ADDRESS	KEY WEST FL 33040	
3.4 CITY-ST-ZIP	KEY WEST FL 33040	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	RIGGS, JR. C	
STREET ADDRESS	3729 PAULA ST	
CITY-ST-ZIP	KEY WEST FL	

4.1 TITLE	TD RITA EDWARD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	1213 14TH ST.	
4.3 STREET ADDRESS	KEY WEST, FL 33040	
4.4 CITY-ST-ZIP	KEY WEST, FL 33040	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	CARBONELL, JACK	
STREET ADDRESS	1315 OLIVIA ST	
CITY-ST-ZIP	KEY WEST FL	

5.1 TITLE	SD CARBONELL JACK	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	1315 OLIVIA ST	
5.3 STREET ADDRESS	KEY WEST, FL 33040	
5.4 CITY-ST-ZIP	KEY WEST, FL 33040	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE REQUIRED

Jack Carbonell Jan 7 1997 296-6260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0024633

CR2E037 (9/96)