

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90160 035 ****61.25

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DOCUMENT # 762556

1. Corporation Name

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

Principal Place of Business

**700 EISENHOWER DR.
KEY WEST FL 33040
US**

Mailing Address

**700 EISENHOWER DR.
KEY WEST FL 33040
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

03/23/1982

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

9. Name and Address of Current Registered Agent

**CT FLORIDA CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE	GOV	<input checked="" type="checkbox"/> DELETE
NAME	KRUG, ALEN	
STREET ADDRESS	700 EISENHOWER DR.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	JRGV	<input type="checkbox"/> DELETE
NAME	GARNER, ART	
STREET ADDRESS	700 EISENHOWER DR.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	1YTR	<input type="checkbox"/> DELETE
NAME	O'BRYAN, JESSIE	
STREET ADDRESS	700 EISENHOWER DR.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	2YTR	<input type="checkbox"/> DELETE
NAME	WARREN, RANDY	
STREET ADDRESS	700 EISENHOWER DR.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	3YTR	<input type="checkbox"/> DELETE
NAME	CLARK, RICK	
STREET ADDRESS	700 EISENHOWER DR.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GOV
1.3 STREET ADDRESS	DONOHUE, ED
1.4 CITY-ST-ZIP	700 EISENHOWER DR. KEY WEST, FL 33040
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 296-6260

Daytime Phone #

CR2E037 (11/98)