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May 06 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 # 768851 (8)

1. Corporation Name
FOUR TOWNES LODGE NO. 655, LOYAL ORDER OF MOOSE, INC.

Principal Place of Business 301 BENSON JCT RD. DEBARY FL 32713 US	Mailing Address P.O. BOX 1033 DEBARY FL 32713-1083
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

3. Date Incorporated or Qualified 06/09/1983
4. FEI Number 59-2265204
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GARCIA, ROBERTO L	
STREET ADDRESS	435 KINGWAY DR	
CITY-ST-ZIP	DELTONA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, JAMES	
STREET ADDRESS	315 RIVERA DRIVE	
CITY-ST-ZIP	DE BARY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DRYSDALE, DAVID R	
STREET ADDRESS	702 W BLUE SPRINGS AVE	
CITY-ST-ZIP	ORANGE CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRADSHAW, KEITH	
STREET ADDRESS	831 CAMELIA PARK LANE	
CITY-ST-ZIP	ORANGE CITY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HECK, LUDWIG	
STREET ADDRESS	543 DEED CIRCLE	
CITY-ST-ZIP	DELTONA FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HALL, PHILLIP F	
STREET ADDRESS	1635 PROVIDENCE BLVD	
CITY-ST-ZIP	DELTONA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	JR. GOVERNOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HANK PARKER	
1.3 STREET ADDRESS	1382 Worthington Drive	
1.4 CITY-ST-ZIP	DELTONA, FL 32738	
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	PRELATE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	John Lampe	
3.3 STREET ADDRESS	1725 W BLUE SPRINGS AVE	
3.4 CITY-ST-ZIP	ORANGE CITY, FL 32763	
4.1 TITLE	GOVERNOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Keith Bradshaw	
4.3 STREET ADDRESS	96 DIRKSON DRIVE	
4.4 CITY-ST-ZIP	DEBARY, FL 32713	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	500002514555	
5.4 CITY-ST-ZIP	-05/07/98--01008--015	
6.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Donald C. Leonberg	
6.3 STREET ADDRESS	4 Maplehurst Avenue	
6.4 CITY-ST-ZIP	DEBARY, FL 32713	

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 *Ludwig Heck* **407 116-0458**

CR2E037 (10/97)