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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N29398

1. Corporation Name
PINE CASTLE LODGE NO. 2345, LOYAL ORDER OF MOOSE, INC.

Principal Place of Business 5665 S. ORANGE AVE. C/O CHARLES COOPER ORLANDO FL 32809	Mailing Address 5665 S. ORANGE AVE. C/O CHARLES COOPER ORLANDO FL 32809
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21 Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/22/1988
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-2915643
23 City & State	28 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip	29 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent C T 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
	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	G MORAN, JIM <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Governor <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN, JIM	1.2 NAME	KOWAL, WAYNE
STREET ADDRESS	7535 COMPASS DR.	1.3 STREET ADDRESS	2103 Blossom Terrace
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	Orlando, Florida 32839
TITLE	PG WILSON, KIRK <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Jr. Past Governor <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, KIRK	2.2 NAME	OLMSTEAD, MICHAEL D
STREET ADDRESS	2478 LAKEWAY BRANCH DR.	2.3 STREET ADDRESS	5021 Saint Marie Avenue
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, Florida 32812
TITLE	SAD COOPER, CHARLES <input type="checkbox"/> DELETE	3.1 TITLE	Administrator <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, CHARLES	3.2 NAME	COOPER, CHARLES
STREET ADDRESS	5802 MARLAKE DR.	3.3 STREET ADDRESS	5802 Marlake Drive
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Orlando, Florida 32839
TITLE	T BENNETT, GARY W. <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Trustee <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, GARY W.	4.2 NAME	KEARSON, MELVIN F
STREET ADDRESS	816 PARK VILLA CIRCLE	4.3 STREET ADDRESS	1241 Angeline Avenue
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Orlando, Florida 32807
TITLE	T JONES, RICHARD <input type="checkbox"/> DELETE	5.1 TITLE	Trustee <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, RICHARD	5.2 NAME	JEPPESEN, DONLEY (JIM)
STREET ADDRESS	11873 SINDLESHAM CT.	5.3 STREET ADDRESS	2013 Page Street
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Orlando, Florida 32806
TITLE	T CHIESA, WILLIAM <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Trustee <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIESA, WILLIAM	6.2 NAME	PIRONE, LOUIS
STREET ADDRESS	4721 ETHANS GLENN AVE.	6.3 STREET ADDRESS	2784-F Curry Ford Road
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	Orlando, Florida 32806

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: *Charles Cooper* SIGNATURE REQUIRED *Cooper* 4/27/99 (407) 857-2345
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)