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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N03955

1. Corporation Name
BRANDON SHRINE CLUB HOLDING CORPORATION

Principal Place of Business	Mailing Address
P.O. BOX 282 BRANDON FL 33509-0282	P.O. BOX 282 BRANDON FL 33509-0282

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/28/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2454370 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HAMPTON, DOUGLAS W
205 N PARSONS AVE
BRANDON FL 33510

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 _____ 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	VD	☒ DELETE	1.1 TITLE	PRESIDENT · DIRECTOR	☐ Change ☒ Addition
NAME	MURALT, KIM L		1.2 NAME	ROCCO COCCHIOLA	
STREET ADDRESS	1318 GANG PLANK DR		1.3 STREET ADDRESS	906 ARROWHEAD LANE	
CITY-ST-ZIP	VALRICO FL 33594		1.4 CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	VD	☒ DELETE	2.1 TITLE	VICE PRESIDENT - DIRECTOR	☐ Change ☒ Addition
NAME	ROCCO, CCOCCHIOLA		2.2 NAME	THOMAS H BOYD	
STREET ADDRESS	906 ARROWHEAD LANE		2.3 STREET ADDRESS	10433 BRUCE HAVEN DR	
CITY-ST-ZIP	BRANDON FL		2.4 CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	P	☒ DELETE	3.1 TITLE	VICE PRESIDENT - DIRECTOR	☐ Change ☒ Addition
NAME	NOLAN, GENN		3.2 NAME	ROBERT C. ST JOHN	
STREET ADDRESS	609 SANDY CREEK DRIVE		3.3 STREET ADDRESS	3704 KANTREL PLACE	
CITY-ST-ZIP	BRANDON FL		3.4 CITY-ST-ZIP	VALRICO FL 33594	
TITLE	TD	☐ DELETE	4.1 TITLE	SECRETARY - DIRECTOR	☐ Change ☒ Addition
NAME	CRABTREE, CLINTON		4.2 NAME	DANIEL W MORGAN SR	
STREET ADDRESS	110 MOBILE PLACE		4.3 STREET ADDRESS	608 OAK RIDGE DRIVE	
CITY-ST-ZIP	BRANDON FL		4.4 CITY-ST-ZIP	BRANDON FL 33510	
TITLE	SD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KRUINING, WYNARD		5.2 NAME		
STREET ADDRESS	1318 VILLAGE COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 CLINTON M CRABTREE 1-5-98 813-689-6603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #