

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39230 (0)

1. Corporation Name

FORT WALTON BEACH FAIRGROUNDS SHRINE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1958 LEWIS TURNER BLVD.
FT. WALTON BCH. FL 32547

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FT. WALTON BCH. FL 32547



3. Date Incorporated or Qualified
07/20/1990

3a. Date of Last Report
08/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RIGDON, C.H., JR.
9 BAY DR.
FT. WALTON BCH. FL 32548**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	RIGDON, C.H., JR.	
STREET ADDRESS	9 BAY DR.	
CITY-ST-ZIP	FT. WALTON BCH. FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COKER, HERMAN	
STREET ADDRESS	318 WATSON DR.	
CITY-ST-ZIP	FT. WALTON BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HICKS, WILLIAM CLAYTON	
STREET ADDRESS	231 CHATEAUGAY DR.	
CITY-ST-ZIP	FT. WALTON BCH. FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HEFLIN, GLENN	
STREET ADDRESS	220 SEMINOLE AVE.	
CITY-ST-ZIP	VALPARAISO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOORAS, THEODORE	
STREET ADDRESS	735 REVERE AVE.	
CITY-ST-ZIP	FT. WALTON BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SANDERS, JOHN	
STREET ADDRESS	512 NO. ST.	
CITY-ST-ZIP	FT. WALTON BCH. FL	

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CHARLES W. RIGDON	
1.3 STREET ADDRESS	HWY. 98 EAST	
1.4 CITY-ST-ZIP	DESTIN, FLORIDA 32541	
2.1 TITLE	D	<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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96

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