

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JAN 25 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **710203** (1)
1. Corporation Name
LAKELAND SHRINE CLUB HOLDING CORPORATION, INC.

Principal Place of Business Mailing Address
125 W BRANNEN ROAD **POST OFFICE BOX #5244**
LAKELAND FL 33813-2706 **LAKELAND FL 33807-5244**
US **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/17/1966** 3a. Date of Last Report **03/28/1994**
4. FEI Number **23-7081982** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
ESHBACH, ALTON R.
625 BUTTERNUT PLACE
LAKELAND FL 33813

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **Alton R. Eshbach** *Alton R. Eshbach* **1/21/95**
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	VD
NAME	NOVAK, CHARLES J
STREET ADDRESS	1514 KIPLING LANE
CITY-ST-ZIP	LAKELAND FL
TITLE	D
NAME	LEE, JOE C.
STREET ADDRESS	828 FOXHALL
CITY-ST-ZIP	LAKELAND FL
TITLE	D
NAME	CAMP, LIONEL S.
STREET ADDRESS	1507 BLUE LAKE DR.
CITY-ST-ZIP	LAKELAND FL
TITLE	PD
NAME	DERK, RICHARD M
STREET ADDRESS	5202 DISMUKE DR
CITY-ST-ZIP	LAKELAND FL
TITLE	D
NAME	CORSON, WALLACE S
STREET ADDRESS	375 W. BRANNEN RD., #258
CITY-ST-ZIP	LAKELAND, FL 00000
TITLE	S Y
NAME	ESHBACH, ALTON R.
STREET ADDRESS	625 BUTTERNUT PLACE
CITY-ST-ZIP	LAKELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		33803-4112
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Larry D. Preston	
2.3 STREET ADDRESS	7120 Davin Street	
2.4 CITY-ST-ZIP	Lakeland, FL 33813-3623	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		33801-6902
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		33813-4062
5.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Richard L. VanBaalen	
5.3 STREET ADDRESS	375 W. Brannon Road #375	
5.4 CITY-ST-ZIP	Lakeland, FL 33813-2723	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		33813-3606

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)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with my address.

SIGNATURE: *Alton R. Eshbach* **Alton R. Eshbach** **813-647-2987**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **1/21/95** (Include Florida #)