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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **710203** (1)

1. Corporation Name

LAKELAND SHRINE CLUB HOLDING CORPORATION, INC.



Principal Place of Business

**125 W BRANNEN ROAD
LAKELAND FL 33813-2706
US**

Mailing Address

**POST OFFICE BOX #5244
LAKELAND FL 33807-5244
US**

3. Date Incorporated or Qualified
01/17/1966

3a. Date of Last Report
01/25/1995

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

USA

Zip

Country

Polk

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ESHBACH, ALTON R.
625 BUTTERNUT PLACE
LAKELAND FL 33813**

81 Name

SAME

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

Alton R. Eshbach, Sec./Treas.

(Signature, typed or printed name of registered agent and block if applicable)

(NOTE: Registered Agent's signature is not required when not changing)

DATE

3/26/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **NOVAK, CHARLES J**
STREET ADDRESS **1514 KIPLING LANE**
CITY-STATE-ZIP **LAKELAND FL**

1.1 TITLE **D** ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE **VPD** ☐ DELETE
NAME **PRESTON, LARRY D**
STREET ADDRESS **7120 DAWN STREET**
CITY-STATE-ZIP **LAKELAND FL**

2.1 TITLE **PD** ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE **D** ☐ DELETE
NAME **CAMP, LIONEL S.**
STREET ADDRESS **1507 BLUE LAKE DR.**
CITY-STATE-ZIP **LAKELAND FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE **D** ☒ DELETE
NAME **DERK, RICHARD M**
STREET ADDRESS **5202 DISMUKE DR**
CITY-STATE-ZIP **LAKELAND FL**

4.1 TITLE **VPD** ☐ Change ☒ Addition
4.2 NAME **Markell, Donald**
4.3 STREET ADDRESS **542 Pablo St.**
4.4 CITY-STATE-ZIP **Lakeland, FL 33803**

TITLE **VPD** ☐ DELETE
NAME **VANBAALEN, RICHARD L**
STREET ADDRESS **375 W BRANNEN, ROAD #375**
CITY-STATE-ZIP **LAKELAND, FL 00000**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE **ST** ☐ DELETE
NAME **ESHBACH, ALTON R.**
STREET ADDRESS **625 BUTTERNUT PLACE**
CITY-STATE-ZIP **LAKELAND FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

Alton R. Eshbach, Sec./Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alton R. Eshbach 3/26/96

941-647-2987

CR2E037 (12/95)