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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	
DOCUMENT # 711883					
1. Corporation Name DELAND SHRINE CLUB HOLDING CORPORATION, INC.					
Principal Place of Business CLARA AVE # 15A PO BOX 222 DELAND FL 32721-7222			Mailing Address CLARA AVE # 15A PO BOX 222 DELAND FL 32721-7222		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/01/1966	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-6135883	
24 Country		29 Country		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
GILLINGHAM, BAGLEY T. 511 W MINNESOTA AVE. DELAND FL 32720				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
				FL	

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	T	1.1 TITLE	T
NAME	JACK RAY	1.2 NAME	GRIFFIN, VICTOR B.
STREET ADDRESS	1690 BERSLEY DR.	1.3 STREET ADDRESS	612 ORANGE TREE DR.
CITY-ST-ZIP	DELAND, FL 00000	1.4 CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE	S	2.1 TITLE	S
NAME	GILLINGHAM, BAGLEY T.	2.2 NAME	LAURENCE ALLEN, LAURENCE
STREET ADDRESS	511 W MINNESOTA AVE	2.3 STREET ADDRESS	606 S. KEPLER RD.
CITY-ST-ZIP	DELAND FL	2.4 CITY-ST-ZIP	DELAND, FL. 32724
TITLE	D	3.1 TITLE	D
NAME	HOUSEND, JAMES	3.2 NAME	HUTCHISON, LLOYD
STREET ADDRESS	1556 LAKESIDE DR	3.3 STREET ADDRESS	1099 CRESCENT PARKWAY
CITY-ST-ZIP	DELAND FL 32720	3.4 CITY-ST-ZIP	DELAND, FL. 32724
TITLE	PD	4.1 TITLE	PD
NAME	HUTCHINSON, ROBERT	4.2 NAME	GILLINGHAM, BAGLEY T
STREET ADDRESS	1094 CRECENT PARKWAY	4.3 STREET ADDRESS	511 W. MINNESOTA AV.
CITY-ST-ZIP	DELAND FL 32724	4.4 CITY-ST-ZIP	DELAND, FL 32720
TITLE	VD	5.1 TITLE	VD
NAME	WARD, JAMES W JR	5.2 NAME	SHOW, WILLIAM A.
STREET ADDRESS	1260 FLAMINGO COURT	5.3 STREET ADDRESS	2584 TANS BORO DR.
CITY-ST-ZIP	DELAND FL 32720	5.4 CITY-ST-ZIP	DELTONA, FL 32725
TITLE	V	6.1 TITLE	V
NAME	CRISPENS, JOHN	6.2 NAME	FOGLE DONALD L
STREET ADDRESS	753 GLENWOOD RD	6.3 STREET ADDRESS	800 FLAGLER AV.
CITY-ST-ZIP	DELAND FL 32720	6.4 CITY-ST-ZIP	EDGEWATER, FL 32132

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:

Laurence Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-99 (904) 734-3656

Date

Daytime Phone #

CR2E037-11/98