FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **714144** **(3)**

1. Corporation Name

SANFORD SHRINE BUILDING ASSOCIATION

Principal Place of Business	Mailing Address
605 RED SAIL LANE ATLAMONTE SPRINGS FL 32701	605 RED SAIL LANE ATLAMONTE SPRINGS FL 32701

3. Date Incorporated or Qualified: 02/22/1968

3a. Date of Last Report: 03/08/1995

2. Principal Place of Business
21: 104 Lee Ave.
22: Suite, Apt. #, etc.
23: City & State: Sanford, Florida
24: Zip: 32771
25: Country: Seminole

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: NOT APPLICABLE ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

JULIAN JR, NED
200 W. FIRST ST.
SANFORD FL 32771

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	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	KEETH, ALLAN		12 NAME	
STREET ADDRESS	205 CRYSTAL VIEW S		13 STREET ADDRESS	
CITY-ST-ZIP	SANFORD, FL 00000		14 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	CHRISTENSEN, M.D.		22 NAME	
STREET ADDRESS	605 RED SAIL LANE		23 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRGS FL		24 CITY-ST-ZIP	
TITLE	D	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	WHITMIRE, R.C.		32 NAME	
STREET ADDRESS	219 W. 18TH ST.		33 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL		34 CITY-ST-ZIP	
TITLE	D	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	GILES, ROBERT S		42 NAME	
STREET ADDRESS	450 RIVERVIEW AVE		43 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL		44 CITY-ST-ZIP	
TITLE	D	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	COWLEY, ERNEST H		52 NAME	
STREET ADDRESS	2040 LAKE MARKHAM RD		53 STREET ADDRESS	
CITY-ST-ZIP	SAMFORD FL		54 CITY-ST-ZIP	
TITLE	D	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	CORLEY, JOE T.		62 NAME	
STREET ADDRESS	2540 SANFORD AVE.		63 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL		64 CITY-ST-ZIP	

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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: Myron D. Christensen Myron D. Christensen 3/26/96 (407)834-3791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #