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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **714144**

1. Corporation Name
SANFORD SHRINE BUILDING ASSOCIATION

Principal Place of Business	Mailing Address
104 LEE STREET SANDORD FL 32771 US	605 RED SAIL LANE ATLAMONTE SPRINGS FL 32701

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/22/1968
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SIMMONS, CLAYTON
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 _____ 3/29/99
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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KEETH, ALLAN		1.2 NAME	
STREET ADDRESS	205 CRYSTAL VIEW S		1.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD, FL 00000		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CHRISTENSEN, M.D.		2.2 NAME	
STREET ADDRESS	605 RED SAIL LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRGS FL		2. 4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WHITMIRE, R.C.		3.2 NAME	
STREET ADDRESS	219 W. 18TH ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL		3.4. CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GILES, ROBERT S		4. 2 NAME	
STREET ADDRESS	450 RIVERVIEW AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	COWLEY, ERNEST H		5.2 NAME	
STREET ADDRESS	2040 LAKE MARKHAM RD		5.3 STREET ADDRESS	
CITY-ST-ZIP	SAMFORD FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CORLEY, JOE T.		6.2 NAME	
STREET ADDRESS	2540 SANFORD AVE.		6.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL		6.4 CITY-ST-ZIP	

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: Mason D. Christensen 3/29/99 (407) 834-3791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MASON D. CHRISTENSEN

CR2E037 (1-1/98)