FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 4:21

DOCUMENT # 715532 (8)

1. Corporation Name
FORT PIERCE SHRINE CLUB HOLDING CORPORATIO

Principal Place of Business	Mailing Address
2401 SO 29 STR P.O. BOX 851 FT. PIERCE FL 34981-5509 US	PO BOX 851 FT PIERCE FL 34954 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/07/1968
3a. Date of Last Report: 02/22/1994
4. FEI Number: 23-7536507 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ALGIN, ALEC
2401 SO. 29TH ST.
FT. PIERCE FL 34981

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 ALEC A. ALGIN Alec A. Algin
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	S	1.1 TITLE		☐ Change ☐ Addition
NAME	ALGIN, ALEC A.	1.2 NAME		
STREET ADDRESS	1721A MARINER'S COVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL 34950-4932	1.4 CITY-ST-ZIP		
TITLE	T	2.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, GEORGE A	2.2 NAME		
STREET ADDRESS	3222 MURA CT	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	ELSWICK, RALPH	3.2 NAME		
STREET ADDRESS	713 HOLLY AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	HOWE, LARRY	4.2 NAME		
STREET ADDRESS	1009 CHARLOTTA STR	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	BREWER, BILL	5.2 NAME		
STREET ADDRESS	RT. 3, BOX 1500	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL 34950	5.4 CITY-ST-ZIP		
TITLE	P	6.1 TITLE	P	☒ Change ☐ Addition
NAME	CONRAD, FRANK	6.2 NAME	SPAGNOLA, CARLO	
STREET ADDRESS	6375 PETERSON RD.	6.3 STREET ADDRESS	1506 TABER COURT	
CITY-ST-ZIP	FT. PIERCE FL 34947	6.4 CITY-ST-ZIP	FT. PIERCE, FL 34949	

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)(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.

SIGNATURE: ALEC A. ALGIN Alec A. Algin 1-407-465-2775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000091P