

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

FILED
Jan 25 1996 8:00 am
Secretary of State

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

3. Date Incorporated or Qualified 11/07/1968 3a. Date of Last Report 01/27/1995
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
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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 ☐ DELETE
NAME S
STREET ADDRESS ALGIN, ALEC A.
CITY-ST-ZIP 1721A MARINER'S COVE
FT PIERCE FL 34950-4932
TITLE ☐ DELETE
NAME T
STREET ADDRESS WILSON, GEORGE A
CITY-ST-ZIP 3222 MURA CT
FT PIERCE FL
TITLE ☐ DELETE
NAME D
STREET ADDRESS ELSWICK, RALPH
CITY-ST-ZIP 713 HOLLY AVE
FT PIERCE FL
TITLE ☐ DELETE
NAME D
STREET ADDRESS HOWE, LARRY
CITY-ST-ZIP 1008 CHARLOTTA STR
FT PIERCE FL
TITLE ☐ DELETE
NAME D
STREET ADDRESS BREWER, BILL
CITY-ST-ZIP RT. 3, BOX 1500
FT. PIERCE FL 34950
TITLE ☒ DELETE
NAME P
STREET ADDRESS CONRAD, FRANK
CITY-ST-ZIP 6375 PETERSON RD.
FT. PIERCE FL 34947

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☒ Addition
6.2 NAME P
6.3 STREET ADDRESS NASTER, LEO A.
6.4 CITY-ST-ZIP 3504 FONTANEDA AVE.
FT. PIERCE, FL 34947-6123

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:

Alec A. Algin ALEC A. ALGIN 01/19/96 (407) 465-2775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone

CR2E037 (12/95)