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FILED

Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 715532 (8)
1. Corporation Name
FORT PIERCE SHRINE CLUB HOLDING CORPORATIOPrincipal Place of Business
2401 SO 29 STR
P.O. BOX 851
FT. PIERCE FL 34981-5509
US
Mailing Address
PO BOX 851
FT PIERCE FL 34954-0851
US3. Date Incorporated or Qualified 11/07/1968
3a. Date of Last Report 01/25/1996

21. Principal Place of Business N.A.	2a. Mailing Address N.A.	4. FEI Number 23-7536507	Applied For Not Applicable
22. Suite, Apt. #, etc. N.A.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country

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 ALGIN, ALEC A.
82. Street Address (P.O. Box Number is Not Acceptable) 1721A MARINERS COVE
83.
84. City FORT PIERCE
85. Zip Code FL 34950-4932

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 Alec A. Algin ALEC A. ALGIN January 16, 1997
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 NAME STREET ADDRESS CITY - ST - ZIP	S ALGIN, ALEC A. 1721A MARINER'S COVE FT PIERCE FL 34950-4932 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	2ND. V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WILSON, GEORGE A 3222 MURA CT FT PIERCE FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELSWICK, RALPH 713 HOLLY AVE FT PIERCE FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	S BODY, ROBERT 9801 S. OCEAN DR. 129-2 JENSEN BEACH, FL 34957-8390 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOWE, LARRY 1008 CHARLOTTA STR FT PIERCE FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	1ST. V.P. COCHRAN, RONALD L. 1921 S. 26TH. ST. FT. PIERCE, FL 34947 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BREWER, BILL RT. 3, BOX 1500 FT. PIERCE FL 34950 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MASTER, LEO A. 3504 FONTANEDA AVENUE FT. PIERCE FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE: ALEC A. ALGIN Alec A. Algin 1/16/97 (561) 465-2725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0071091

CR2E037 (9/96)