07231999-90006-032-$61.25-$61.25

FILED
Jul 23, 1999 8:00 am
Secretary of State
07-23-1999 90006 032 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 715532

1. Corporation Name
ST. LUCIE COUNTY SHRINE CLUB HOLDING CORPORATION

Principal Place of Business	Mailing Address
PO BOX 851 FT. PIERCE FL 34954 US	PO BOX 851 FT. PIERCE FL 34954 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 4600 Oleander Ave	26	11/07/1968
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7536507 ☐ Applied For ☐ Not Applicable
City & State 23 Ft Pierce FL	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 34982 Country 25 USA	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	10. Name and Address of New Registered Agent
ALGIN, ALEC 1721 A MARINERS COVE FT. PIERCE FL 34950	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: Alec A. Algin (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE: July 13, 1999

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	COCHRAN, RON		1.2 NAME		
STREET ADDRESS	701 S US 1		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE	President	☒ Change ☐ Addition
NAME	ALGIN, ALEC		2.2 NAME		
STREET ADDRESS	1721-A MARINERS COVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL		2.4 CITY-ST-ZIP	34950	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HOWE, LARRY		3.2 NAME		
STREET ADDRESS	1008 CHARLOTTA ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL		3.4 CITY-ST-ZIP	34982	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	BREWER, BILL		4.2 NAME	Richard D. Fausch	
STREET ADDRESS	25700 ORANGE AVE		4.3 STREET ADDRESS	114 Camino Del Rio	
CITY-ST-ZIP	FT PIERCE FL		4.4 CITY-ST-ZIP	Ft St Lucie, Fl 34952-2375	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	DAVIS, BEN		5.2 NAME	George Carter	
STREET ADDRESS	4111 OLEANDER BLVD		5.3 STREET ADDRESS	6607 DeLeon Ave	
CITY-ST-ZIP	FT. PIERCE FL 34950		5.4 CITY-ST-ZIP	Ft Pierce Fl 34951	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☒ Addition
NAME	MAIN, HOWARD		6.2 NAME		
STREET ADDRESS	61 SUNSHINE AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		6.4 CITY-ST-ZIP	34982	

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: Ron Cochran REQUIRED 4-8-99 561-461-4667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)