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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **738048** **(8)**

1. Corporation Name

PANHANDLE SHRINE CLUB BUILDING ASSOCIATION, INC.

Principal Place of Business	Mailing Address
BRICKYARD ROAD (SR-280) P.O. BOX 212 CHIPLEY FL 32428	BRICKYARD ROAD (SR-280) P.O. BOX 212 CHIPLEY FL 32428

3. Date Incorporated or Qualified: 02/08/1977
3a. Date of Last Report: 02/26/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 59-2894461 ☐ 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

9. Name and Address of Current Registered Agent

RUSSELL A. COLE, JR.
206 E. IOWA AVE
BONIFAY FL 32425

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 _____ DATE
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	P	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	HOOD, KENNETH		1.2 NAME	HENRY L. DAY	NA
STREET ADDRESS	4650 WILDERNESS ROAD		1.3 STREET ADDRESS	P. O. BOX 16	
CITY-ST-ZIP	VERNON FL		1.4 CITY-ST-ZIP	VERNON , FL 32462	
TITLE	ST	☐ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	NELSON, VERNON J		2.2 NAME	LOWELL T. JOHNS	NA
STREET ADDRESS	1217 SOUTH BLVD		2.3 STREET ADDRESS	P. O. BOX 154	
	[redacted]		2.4 CITY-ST-ZIP	CHIPLEY, FL 32428	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	KELLAR, ROBERT E		3.2 NAME	JIM SMITH	NA
STREET ADDRESS	4728 WILDERNESS ROAD		3.3 STREET ADDRESS	RT 4, BOX 99	
CITY-ST-ZIP	VERNON FL		3.4 CITY-ST-ZIP	CHIPLEY, FL 32428	
TITLE	VP	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	DAY, HENRY		4.2 NAME	JIM ACKERMAN	NA
STREET ADDRESS	OLD BONIFAY ROAD		4.3 STREET ADDRESS	P. O. BOX 602	
CITY-ST-ZIP	VERNON FL		4.4 CITY-ST-ZIP	CHIPLEY, FL 32428	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	MARTIN, JOE		5.2 NAME	GERALD RICHTER	NA
STREET ADDRESS	476 PARAGON PLACE		5.3 STREET ADDRESS	RT 5, BOX 436	
CITY-ST-ZIP	SUNNY HILLS FL		5.4 CITY-ST-ZIP	CHIPLEY, FL 32428	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PERRY, JEFF	NA	6.2 NAME		
STREET ADDRESS	RR 2 BOX 836		6.3 STREET ADDRESS		
CITY-ST-ZIP	BONIFAY FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Vernon J. Nelson, ST REQUIRED Jan. 16, 1997 904-638 4541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0077517