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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

104488 · 90110 · 46

DOCUMENT # 738048

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/08/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2894461 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	D	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	HENRY L. DAY		1.2 NAME	DARYLE HAYES	
STREET ADDRESS	P.O. BOX 16 N/A		1.3 STREET ADDRESS	408 HIWAY 77	
CITY-ST-ZIP	VERNON FL		1.4 CITY-ST-ZIP	CHIPLEY, FL 32428	
TITLE	P	☒ DELETE	2.1 TITLE	V/P	☒ Change ☐ Addition
NAME	LOWELL T. JOHNS		2.2 NAME	AL LAUGHLIN	
STREET ADDRESS	P.O. BOX 154 N/A		2.3 STREET ADDRESS	P. O. BOX 3	
CITY-ST-ZIP	CHIPLEY FL		2.4 CITY-ST-ZIP	VERNON, FL 32462	
TITLE	D	☐ DELETE	3.1 TITLE	S/T	☒ Change ☐ Addition
NAME	KELLAR, ROBERT E		3.2 NAME	VERNON J. NELSON	
STREET ADDRESS	4728 WILDERNESS ROAD		3.3 STREET ADDRESS	1217 SOUTH BLVD.	
CITY-ST-ZIP	VERNON FL		3.4 CITY-ST-ZIP	CHIPLEY, FL 32428	
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	JIM ACKERMAN		4.2 NAME	GLENN MCENTYRE	
STREET ADDRESS	P.O. BOX 602 N/A		4.3 STREET ADDRESS	P. O. BOX 544	
CITY-ST-ZIP	CHIPLEY FL		4.4 CITY-ST-ZIP	CHIPLEY, FL 32428	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	MARTIN, JOE		5.2 NAME	DALLAS BRUCE CARTER	
STREET ADDRESS	476 PARAGON PLACE		5.3 STREET ADDRESS	P. O. BOX 32	
CITY-ST-ZIP	SUNNY HILLS FL		5.4 CITY-ST-ZIP	WAUASAU, FL 32463	
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PERRY, JEFF		6.2 NAME		
STREET ADDRESS	RR 2 BOX 836		6.3 STREET ADDRESS		
CITY-ST-ZIP	BONIFAY FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: V. J. Nelson S/T **REQUIRED** 1/9/99 850-638 4541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #