2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2000 8:00 am
Secretary of State
01-14-2000 90027 024 ****61.25

DOCUMENT # 738048

1. Entity 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 32428-0212

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2894461 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RUSSELL A. COLE, JR. ~~116 EXCHANGE AVE~~ 116 MIDWAY BONIFAY FL 32425	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Add
NAME	HENRY L. DAY		NAME		
STREET ADDRESS	P.O. BOX 16 N/A		STREET ADDRESS		
CITY-ST-ZIP	VERNON FL		CITY-ST-ZIP		
TITLE	ST	☐ Delete	TITLE		☐ Change ☐ Add
NAME	NELSON, VERNON J		NAME		
STREET ADDRESS	1217 SOUTH BLVD		STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY FL 32428		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Add
NAME	KELLAR, ROBERT E		NAME		
STREET ADDRESS	4728 WILDERNESS ROAD		STREET ADDRESS		
CITY-ST-ZIP	VERNON FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Add
NAME	JIM ACKERMAN		NAME		
STREET ADDRESS	P.O. BOX 602 N/A		STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Add
NAME	MARTIN, JOE		NAME		
STREET ADDRESS	476 PARAGON PLACE		STREET ADDRESS		
CITY-ST-ZIP	SUNNY HILLS FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Add
NAME	MCENTYRE, GLENN		NAME		
STREET ADDRESS	P.O. BOX 544		STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY FL 32428		CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Vernon L. Nelson VERNON L. NELSON **REQUIRED** 01/07/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #