2002 UNIFORM BUSINESS REPORT (UBR)

1/1

FILED
Feb 24, 2002 8:00 am
Secretary of State
01-14-2002 90047 016 ****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

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. ~~2905 EXCHANGE~~ 116 MIDWAY ST. 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D HENRY L. DAY P.O. BOX 16 N/A VERNON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President GARY L. JOHNS 5325 TITUS RD PANAMA CITY, FL 32404	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST NELSON, VERNON J 1217 SOUTH BLVD CHIPLEY FL 32428	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KELLAR, ROBERT E 4728 WILDERNESS ROAD VERNON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JIM ACKERMAN P.O. BOX 602 N/A CHIPLEY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTIN, JOE 476 PARAGON PLACE SUNNY HILLS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCENTYRE, GLENN P.O. BOX 544 CHIPLEY FL 32428	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Vernon J. Nelson 01/08/02 850 638 4541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Sect. Treas. Date Daytime Phone #