

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90005 014 ****61.25

DOCUMENT # 738048

1. Entity Name

PANHANDLE SHRINE CLUB BUILDING ASSOCIATION, INC.



Principal Place of Business

BRICKYARD ROAD (SR-280)
P.O. BOX 212
CHIPLEY FL 32428

Mailing Address

BRICKYARD ROAD (SR-280)
P.O. BOX 212
CHIPLEY FL 32428

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 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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P D	<input type="checkbox"/> Delete
NAME	BUSH, ALAN	
STREET ADDRESS	HAGAN ROAD	
CITY-ST-ZIP	WAUSAU FL 32463	
TITLE	W P	<input type="checkbox"/> Delete
NAME	JOHNS, EDDIE	
STREET ADDRESS	7105 SPARROW RD	
CITY-ST-ZIP	SOUTHPORT FL 32409	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLAR, ROBERT E	
STREET ADDRESS	4728 WILDERNESS ROAD	
CITY-ST-ZIP	VERNON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JIM ACKERMAN	
STREET ADDRESS	P.O. BOX 602 N/A	
CITY-ST-ZIP	CHIPLEY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, JOE	
STREET ADDRESS	476 PARAGON PLACE	
CITY-ST-ZIP	SUNNY HILLS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCENTYRE, GLENN	
STREET ADDRESS	P.O. BOX 544	
CITY-ST-ZIP	CHIPLEY FL 32428	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vernon . Nelson	
STREET ADDRESS	1217 South Blvd.	
CITY-ST-ZIP	CHI ¹ / ₄ LEY, FL 32428	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Vernon J. Nelson
Vernon J. Nelson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/27/04

Date

850-638 4541

Daytime Phone #