


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2005 8:00 am**  
**Secretary of State**

07-19-2005 90036 021 \*\*\*\*61.25

<b>DOCUMENT # 738048</b> 1. Entity Name <b>PANHANDLE SHRINE CLUB BUILDING ASSOCIATION, INC.</b>					
Principal Place of Business <b>BRICKYARD ROAD (SR-280) P.O. BOX 212 CHIPLEY, FL 32428</b>			Mailing Address <b>BRICKYARD ROAD (SR-280) P.O. BOX 212 CHIPLEY, FL 32428</b>		
2. Principal Place of Business <b>Club House</b> <b>Brickyard Rd..</b>			3. Mailing Address <b>P. O. Box 212</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Chipley, Florida</b>			City & State <b>Chipley, Florida</b>		
Zip <b>32428</b> Country <b>USA</b>			Zip <b>32428</b> Country <b>USA</b>		
4. FEI Number <b>59-2894461</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>RUSSELL A. COLE, JR. 116 MIDWAY ST BONIFAY, FL 32425</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BUSH, ALAN</b> <b>HAGAN ROAD</b> <b>WAUSAU, FL 32463</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SCOTT MASHBURN</b> <b>1160 Dansford Bay Rd.</b> <b>Graceville, FL 32440</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>JOHNS, EDDIE</b> <b>7105 SPARROW RD</b> <b>SOUTHPORT, FL 32409</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>V. J. (Doc) Nelson</b> <b>1217 South Blvd.</b> <b>Chipley, FL 32428</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>KELLAR, ROBERT E</b> <b>4728 WILDERNESS ROAD</b> <b>VERNON, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>JIM ACKERMAN</b> <b>P.O. BOX 602 N/A</b> <b>CHIPLEY, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Lowell T. Johns</b> <b>304 N. 6th St.</b> <b>Chipley, FL 32428</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MARTIN, JOE</b> <b>476 PARAGON PLACE</b> <b>SUNNY HILLS, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>XXXXXXXXXX</b> <b>XXXXXXXXXX</b> <b>CHIPLEY, FL 32428</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Vernon J. Nelson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>07/15/05</b> <b>850-638 4541</b> Date Daytime Phone #		