2005 NOT-EOR-PROFIT CORPORATION

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

07-19-2005 90036 021 ****61 25

2003	140		REP		OKA I	

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 CHIPLEY, FL 32428					280)					IBII BODII D IBII		1181 81 1881
2. Principal Place of Business Club Houses. N Brickyard Rd				3. Mailing Address P. O. Box 212								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				07132005 Chg-NP CR2E037 (10/03)				
City & State Chipley, Florida			City & State Chipley, Florid			la	4. FEI Number 59-2894461				<u> </u>	plied For Applicable
Zip 3242	28 [.]	Country USA	2ip 32428		Cour USA	ntry		5. Certificate	of Status Desired		8.75 Addi ee Required	
	6. Name	and Address of Current	Registered Ag	ent		7. Name and Address of New Registered Agent Name						
RUSSELL A. COLE, JR. 116 MIDWAY ST					-	Street Address (P.O. Box Number is Not Acceptable)						
BONIFAY, FL 32425												
						City				FL	Zip Code	
		y submits this statement fo tered agent.	r the purpose o	f changing its	registered	d office or	register	ed agent, or bot	h, in the State of Flori	da. I am fa	miliar with, a	and accept
SIGNATURE .	Signature, types	d or printed name of registered agent	and title it applicable.	. (NOTE	: Registered	Agent signatu	re required	when reinstating)		DATE		
Filing Fee is \$61.25 Due by September 7, 2005			9.	9. Election Campaign Finan Trust Fund Contribution.							k payable to rtment of State	
				Trust Fund C								
10.		OFFICERS AND DIE	RECTORS	Trust Fund C				Added to Fees		ia Departr	nent of St	ate
TITLE NAME	D BUSH, AI	OFFICERS AND DIF		Trust Fund C	ontributio	on.	PRE	Added to Fees	Florid	ia Departr S AND DIRI	nent of St	ate
TITLE NAME STREET ADDRESS	BUSH, AI	OFFICERS AND DIF LAN ROAD			11. TITLE NAME STREE	on.	PRE SCO 116	Added to Fees ADDITIONS/CHA SIDENT TT MASE O Dansi	Florid ANGES TO OFFICERS HBURN Ford Bay	s and diri	nent of St	10
TITLE NAME	BUSH, AI HAGAN F WAUSAL	OFFICERS AND DIF LAN ROAD J, FL 32463			11. TITLE NAME STREE CITY-	T ADDRESS S1-ZIP	PRE SCO 116	Added to Fees ADDITIONS/CHA SIDENT TT MASE O Dansi	Florid ANGES TO OFFICERS HBURN	s AND DIRI Rd. 440	nent of St	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BUSH, AI HAGAN F WAUSAL X D JOHNS, I	OFFICERS AND DIF LAN ROAD I, FL 32463		□ Delete	11. TITLE NAME STREE CITY- TITLE	T ADDRESS S1-ZIP	PRE SCO 116 Gra T	Added to Fees ADDITIONS/CH/ SIDENT TT MASI O Dansi ceville	Florid ANGES TO OFFICERS HBURN Ford Bay 1 2. F1. 32	s AND DIRI Rd. 440	ment of St ECTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	BUSH, AI HAGAN F WAUSAL X D JOHNS, I 7105 SPA SOUTHP	OFFICERS AND DIF LAN ROAD J, FL 32463		□ Delete	11. TITLE NAME STREE CITY- TITLE NAME STREE	T ADDRESS S1- 7IP	PRE SCO 116 Gra T V.	Added to Fees DDITIONS/CHA SIDENT TT MASH O Dansh ceville T. (Doc 7 South	Florid ANGES TO OFFICERS HBURN Ford Bay 1 2, F1. 32 Nelson Blvd.	Rd.	ment of St ECTORS IN ☑ Change ☐ Change	10 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	BUSH, AI HAGAN F WAUSAL X D JOHNS, I 7105 SPA SOUTHP D	OFFICERS AND DIF LAN ROAD J, FL 32463 EDDIE ARROW RD		□ Delete	11. TITLE NAME STREE CITY- TITLE NAME STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	PRE SCO 116 Gra T V.	Added to Fees DDITIONS/CHA SIDENT TT MASH O Dansh ceville T. (Doc 7 South	Florid ANGES TO OFFICERS HBURN Ford Bay 1 2. F1. 32	Rd.	ment of St ECTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP LILLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	BUSH, AI HAGAN F WAUSAL X D JOHNS, I 7105 SPA SOUTHP D KELLAR,	OFFICERS AND DIF		□ Delete □ Delete	11. TITLE NAME STREE GITY TITLE NAME STREE TITLE NAME STREE CITY- TITLE NAME STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	PRE SCO 116 Gra T V.	Added to Fees DDITIONS/CHA SIDENT TT MASH O Dansh ceville T. (Doc 7 South	Florid ANGES TO OFFICERS HBURN Ford Bay 1 2, F1. 32 Nelson Blvd.	Rd.	ment of St ECTORS IN ☑ Change ☐ Change	10 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	BUSH, AI HAGAN F WAUSAL X D JOHNS, I 7105 SP/ SOUTHP D KELLAR, 4728 WIL VERNON D	OFFICERS AND DIF		□ Delete □ Delete	11. TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE NAME STREE OITY- TITLE	TADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	PRE SCO 116 Gra T V.	Added to Fees ADDITIONS/CHA SIDENT TT MASH O Danst ceville J. (Doc 7 South Oley, F	Florid ANGES TO OFFICERS HBURN ford Bay 1 2, Fl. 32 Nelson Blvd. 1. 32428	Rd.	ment of St ECTORS IN ☑ Change ☐ Change	10 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	BUSH, AI HAGAN F WAUSAL K D JOHNS, I 7105 SPA SOUTHP D KELLAR, 4728 WIL VERNON D JIM ACKI	OFFICERS AND DIF		□ Delete □ Delete □ Delete	11. ITTLE NAME STREE GITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	PRE SCO 116 Gra T V. 121 Chij	Added to Fees ADDITIONS/CHA SIDENT TT MASH O Danst ceville T. (Doc T South Oley, F	Florid ANGES TO OFFICERS HBURN ford Bay 1 2, Fl. 32 Nelson Blvd. 1. 32428 Secretar Johns	Rd.	ment of St ECTORS IN Change Change Change	10 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	BUSH, AI HAGAN F WAUSAL K D JOHNS, I 7105 SPA SOUTHP D KELLAR, 4728 WIL VERNON D JIM ACKI	OFFICERS AND DIF		Delete Delete Delete	111. TITLE NAME STREE CITY-	TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP	PRE SCO 116 Gra T V. 121 Chil	Added to Fees ADDITIONS/CH/ SIDENT TT MASH O Dansi ceville T. (Doc T South oley, F	Florid ANGES TO OFFICERS HBURN ford Bay 1 2, Fl. 32 Nelson Blvd. 1. 32428 Secretar Johns	Rd. 440	ment of St ECTORS IN IX Change ☐ Change ☐ Change	ate 10 Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE	BUSH, AI HAGAN F WAUSAL K D JOHNS, I 7105 SPA SOUTHP D KELLAR, 4728 WIL VERNON D JIM ACKI P.O. BOX CHIPLEY	OFFICERS AND DIE LAN ROAD J., FL 32463 EDDIE ARROW RD ORT, FL 32409 ROBERT E DERNESS ROAD J., FL ERMAN C 602 N/A J., FL		□ Delete □ Delete □ Delete	111. TITLE NAME STREE CITY- TITLE TIT	TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP	PRE SCO 116 Gra T V. 121 Chil	Added to Fees ADDITIONS/CH/ SIDENT TT MASH O Dansi ceville T. (Doc T South oley, F	Florid ANGES TO OFFICERS HBURN Ford Bay 1 2. Fl. 32 T) Nelson Blvd. 1. 32428 Secretar Johns St.	Rd. 440	ment of St ECTORS IN Change Change Change	10 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	BUSH, AI HAGAN F WAUSAL K D JOHNS, I 7105 SPA SOUTHP D KELLAR, 4728 WIL VERNON D JIM ACKI P.O. BOX CHIPLEY D MARTIN.	OFFICERS AND DIE LAN ROAD J., FL 32463 EDDIE ARROW RD ORT, FL 32409 ROBERT E DERNESS ROAD J., FL ERMAN C 602 N/A J., FL		Delete Delete Delete	11. 111. 111. 111. 111. 111. 111. 111.	TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP	PRE SCO 116 Gra T V. 121 Chil	Added to Fees ADDITIONS/CH/ SIDENT TT MASH O Dansi ceville T. (Doc T South oley, F	Florid ANGES TO OFFICERS HBURN Ford Bay 1 2. Fl. 32 T) Nelson Blvd. 1. 32428 Secretar Johns St.	Rd. 440	ment of St ECTORS IN IX Change ☐ Change ☐ Change	ate 10 Addition Addition 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

MOZENIXYRX XGX BOW

RRXXXXX

TITLE

STREET ADDRESS

CITY-ST-ZIP

OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Delete

850-638 454/ Daytime Phone

☐ Change

☐ Addition