FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB -6 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 739528 (8)

1. Corporation Name

FORT WALTON BEACH SHRINE CLUB BUILDING ASSOCIATI ON, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
227 CAROL AVENUE N.W. P.O. BOX 1 FT. WALTON BCH FL 32549	227 CAROL AVENUE N.W. P.O. BOX 1 FT. WALTON BCH FL 32548

3. Date Incorporated or Qualified: 06/30/1977
3a. Date of Last Report: 03/02/1994
4. FEI Number: NOT APPLICABLE — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CARNES, JOHNIE 301 SHREWSBURY RD. MARY ESTHER FL 32569	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE		☐ Change ☐ Addition
NAME	PUGH, FRANKLIN	1.2 NAME		
STREET ADDRESS	212 BEACHVIEW DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT WALTON BCH FL 32547	1.4 CITY-ST-ZIP		
TITLE	SD	2.1 TITLE		☐ Change ☐ Addition
NAME	CARNES, JOHNIE	2.2 NAME		
STREET ADDRESS	301 SHREWSBURY RD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	MARY ESTHER FL 32569	2.4 CITY-ST-ZIP		
TITLE	DP	3.1 TITLE	DP	☐ Change ☒ Addition
NAME	RAW, DAVID	3.2 NAME	BOLT, CHARLES	
STREET ADDRESS	127 VIRGINIA	3.3 STREET ADDRESS	9 CAHABA LANE	
CITY-ST-ZIP	FT WALTON BCH FL 32548	3.4 CITY-ST-ZIP	DESTIN, FL 32541	
TITLE	D	4.1 TITLE	DV	☐ Change ☒ Addition
NAME	BOLT, CHARLES	4.2 NAME	MILLER , BRUCE	
STREET ADDRESS	9 CAHABA LANE	4.3 STREET ADDRESS	207 SPENCER DR	
CITY-ST-ZIP	DESTIN FL 32541	4.4 CITY-ST-ZIP	FT WALTON BEACH, FL 32548	
TITLE	D	5.1 TITLE	DV	☒ Change ☐ Addition
NAME	CLARK, MICHAEL	5.2 NAME	CLARK MICHAEL	
STREET ADDRESS	624 CAMBORNE AVE.	5.3 STREET ADDRESS	624 CAMBORNE AVE	
CITY-ST-ZIP	FT WALTON BCH FL 32547	5.4 CITY-ST-ZIP	FT WALTON BEACH FL 32547	
TITLE	D	6.1 TITLE	D	☐ Change ☒ Addition
NAME	COBB, JOHN	6.2 NAME	CHASTAIN, CARL	
STREET ADDRESS	222 EVERGREEN DR.	6.3 STREET ADDRESS	9859 MARY ANN DR	
CITY-ST-ZIP	MARY ESTHER FL 32569	6.4 CITY-ST-ZIP	NAVARRE, FL32566	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Franklin PUGH — JAN 30 1995 — 904 862 6347
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #
FRANKLIN PUGH

0071038