

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 739528 (8)**

1. Corporation Name

**FORT WALTON BEACH SHRINE CLUB BUILDING ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

227 CAROL AVENUE N.W.  
P.O. BOX 1  
FT. WALTON BCH FL 32548

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  
**02/06/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐

**\$5.00 May Be Added to Fees**

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, JOHNNIE  
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TD** ☐ DELETE  
NAME **PUGH, FRANKLIN**  
STREET ADDRESS **212 BEACHVIEW DR**  
CITY-ST-ZIP **FT WALTON BCH FL 32547**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE  
NAME **CARNES, JOHNNIE**  
STREET ADDRESS **301 SHREWSBURY RD.**  
CITY-ST-ZIP **MARY ESTHER FL 32569**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **DP** ☒ DELETE  
NAME **BOLT, CHARLES**  
STREET ADDRESS **9 CAHABA LANE**  
CITY-ST-ZIP **DESTIN FL 32541**

3.1 TITLE **DP** ☐ Change ☒ Addition  
3.2 NAME **CLARK, MICHAEL J.**  
3.3 STREET ADDRESS **624 CAMBORN AVE**  
3.4 CITY-ST-ZIP **FT WALTON BEACH, FL 32547**

TITLE **DV** ☐ DELETE  
NAME **MILLER, BRUCE**  
STREET ADDRESS **207 SPENCER DR**  
CITY-ST-ZIP **FT WALTON BEACH FL 32548**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **DV** ☒ DELETE  
NAME **CLARK, MICHAEL**  
STREET ADDRESS **624 CAMBORNE AVE**  
CITY-ST-ZIP **FT WALTON BEACH FL 32547**

5.1 TITLE **DV** ☐ Change ☒ Addition  
5.2 NAME **HANEY, JAMES C.**  
5.3 STREET ADDRESS **499 VANDERHIED RD**  
5.4 CITY-ST-ZIP **DEFUNIAK SPRINGS, FL, 32433**

TITLE **D** ☒ DELETE  
NAME **COBB, JOHN**  
STREET ADDRESS **222 EVERGREEN DR.**  
CITY-ST-ZIP **MARY ESTHER FL 32569**

6.1 TITLE **D** ☐ Change ☒ Addition  
6.2 NAME **CHASTAIN, CARL C.**  
6.3 STREET ADDRESS **9859 MARY ANNE DR**  
6.4 CITY-ST-ZIP **NAVARRE, FL 32566**

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)(k), 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN 20, 1996 904 862 6347**  
Date Daytime Phone #

CR2E037 (12/95)