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Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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 32548-4009**

3. Date Incorporated or Qualified
06/30/1977

3a. Date of Last Report
01/24/1996

2. Principal Place of Business
21 227 Carol Ave.

2a. Mailing Address
26 P.O. BOX 1

4. FEI Number
NOT APPLICABLE

Applied For
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 Ft. Walton BCH, FL 32548

27 Ft Walton Bch, FL 32549

Zip

Country

Zip

Country

24 32548

25

29 32549

30

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
RAW, DAVID B.

82 Street Address (P.O. Box Number is Not Acceptable)
127 Virginia Dr. NW

83

84 City
Ft Walton Bch, FL 32548 FL

85 Zip Code
32548

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 **DAVID B. RAW, Secretary**

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

(NOTE: Registered Agent signature required when reinstalling)

28 Jan 1997

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE **President P/D** ☒ Change ☐ Addition
1.2 NAME **BRIDGE, William**
1.3 STREET ADDRESS **105 Midland Court**
1.4 CITY-ST-ZIP **Niceville, FL 32578**

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

2.1 TITLE **Secretary S/D** ☒ Change ☐ Addition
2.2 NAME **RAW, David B.**
2.3 STREET ADDRESS **127 Virginia Dr. NW**
2.4 CITY-ST-ZIP **Ft Walton Bch, FL 32548**

TITLE ☐ DELETE
NAME **DP CLARK, MICHAEL J.**
STREET ADDRESS **624 CAMBORN AVE**
CITY-ST-ZIP **FT WALTON BEACH FL**

3.1 TITLE **Treasurer** ☒ Change ☐ Addition
3.2 NAME **VERMILLION, Paul T/D**
3.3 STREET ADDRESS **700 Bradford Drive**
3.4 CITY-ST-ZIP **Ft Walton Bch, FL 32547**

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

4.1 TITLE **Hospital Chairman** ☒ Change ☐ Addition
4.2 NAME **TALLEY, Coy D**
4.3 STREET ADDRESS **704 Glen Place**
4.4 CITY-ST-ZIP **Ft Walton Bch, FL 32547**

TITLE ☐ DELETE
NAME **DV HANEY, JAMES C.**
STREET ADDRESS **499 VANDERHIED ROAD**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL**

5.1 TITLE **Vice President** ☒ Change ☐ Addition
5.2 NAME **SIDONI, Samuel A. V/D**
5.3 STREET ADDRESS **P.O. Box 271 M/R**
5.4 CITY-ST-ZIP **Mary Esther, FL. 32569**

TITLE ☐ DELETE
NAME **D CHASTAIN, CARL C.**
STREET ADDRESS **9859 MARY ANNE DRIVE**
CITY-ST-ZIP **NAVARRE FL**

6.1 TITLE **Jr Director** ☒ Change ☐ Addition
6.2 NAME **FULCHER, ALDON**
6.3 STREET ADDRESS **1018 Hickory Ave.**
6.4 CITY-ST-ZIP **Niceville, FL 32578**

14. I do 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 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: **DAVID B. RAW, SECRETARY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 Jan 1997 1-904-243-106
Date Daytime Phone # 0073813

CR2E037 (9/96)