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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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.
FT. WALTON BCH FL 32548
US

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

3. Date Incorporated or Qualified

06/30/1977

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

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAW, DAVID B
127 VIRGINIA DR NW
FT WALTON BEACH FL 32548

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 PD
NAME BRIDGE, WILLIAM
STREET ADDRESS 105 MIDLAND CT
CITY-ST-ZIP NICEVILLE FL ☒ DELETE

1.1 TITLE 1 President ☒ Change ☐ Addition
1.2 NAME P.O. BOX 271 MARY ESTHER, FL 32569
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP Samuel A. Sidoni

TITLE DS
NAME RAW, DAVID B
STREET ADDRESS 127 VIRGINIA DR NW
CITY-ST-ZIP FT WALTON BCH FL ☒ DELETE

2.1 TITLE DS Secretary
2.2 NAME 130 Cedar Beech Cv
2.3 STREET ADDRESS Freeport, FL
2.4 CITY-ST-ZIP Joe L. Vest

TITLE TD
NAME VERMILLION, PAUL
STREET ADDRESS 700 BRADFORD DR
CITY-ST-ZIP FT WALTON BCH FL ☒ DELETE

3.1 TITLE D 1st. Vice President ☒ Change ☐ Addition
3.2 NAME 23 Okahatchee Ck SE FWB
3.3 STREET ADDRESS Milton D. Victory
3.4 CITY-ST-ZIP

TITLE D
NAME TALLEY, COY
STREET ADDRESS 704 GLEN PL
CITY-ST-ZIP FT WALTON BEACH FL ☒ DELETE

4.1 TITLE D 2nd. Vice Pres ☒ Change ☐ Addition
4.2 NAME 361 Shrewsbury Rd Mary Esther FL
4.3 STREET ADDRESS Lowell Cook 32569
4.4 CITY-ST-ZIP

TITLE BD
NAME SIDONI, SAMUEL
STREET ADDRESS PO BOX 271
CITY-ST-ZIP MARY ESTHER FL ☒ DELETE

5.1 TITLE D Sr. Director ☒ Change ☐ Addition
5.2 NAME 9859 MARY ANNE D. NAVARRE FL 32566
5.3 STREET ADDRESS Carl Chastain
5.4 CITY-ST-ZIP

TITLE D
NAME PULCHER, ALDON
STREET ADDRESS 1018 HICKORY AVE
CITY-ST-ZIP NICEVILLE FL ☒ DELETE

6.1 TITLE D Treasurer ☒ Change ☐ Addition
6.2 NAME 319 35th St. Niceville FL 32578
6.3 STREET ADDRESS David W. Dunn
6.4 CITY-ST-ZIP

14. 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 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 Samuel A. Sidoni, President, Mary Esther, FL 32569

CR2E037 (10/97)