


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90252 008 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 739528</b>					
1. Corporation Name <b>FORT WALTON BEACH SHRINE CLUB BUILDING ASSOCIATION, INC.</b>					
Principal Place of Business 227 CAROL AVENUE N.W. FT. WALTON BCH FL 32548 US			Mailing Address 227 CAROL AVENUE N.W. P.O. BOX 1 FT. WALTON BCH FL 32548		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 P.O. Box # 1		06/30/1977	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 FT WALTON BEACH, FL		NOT APPLICABLE	
24 Zip		29 32549		5. Certificate of Status Desired	
25 Country		30 US		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	

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 DAVID B. RAW DATE 23 FEB 1999

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIDONI, SAMUEL A			1.2 NAME	MILTON D. VICTORY		
STREET ADDRESS	P.O. BOX 271 N/A			1.3 STREET ADDRESS	23 OKAHATCHEE CIRCLE SE		
CITY-ST-ZIP	MARY ESTHER FL 32569			1.4 CITY-ST-ZIP	FT WALTON BEACH, FL 32548		
TITLE	DS	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	DV	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VEST, JOE L			2.2 NAME	IVAN V. HOUCHINS		
STREET ADDRESS	130 CEDAR BEACH CV			2.3 STREET ADDRESS	940 SANTA ROSA BLVD, APT 312		
CITY-ST-ZIP	FREEPORT FL			2.4 CITY-ST-ZIP	FT WALTON BEACH, FL 32548		
TITLE	DV	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	DS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VICTORY, MILTON D			3.2 NAME	DAVID B. RAW		
STREET ADDRESS	23 OKAHATCHEE CIR			3.3 STREET ADDRESS	127 VIRGINIA DR NW		
CITY-ST-ZIP	FT WALTON BEACH FL			3.4 CITY-ST-ZIP	FT WALTON BEACH, FL 32548		
TITLE	DV	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COOK, LOWELL			4.2 NAME			
STREET ADDRESS	361 SHREWSBURG RD			4.3 STREET ADDRESS			
CITY-ST-ZIP	MARY ESTHER FL 32569			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHASTAIN, CARL			5.2 NAME			
STREET ADDRESS	9859 MARY ANNE DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	NAVARRE FL 32566			5.4 CITY-ST-ZIP			
TITLE	DT	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	DT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUNN, DAVID W			6.2 NAME	JAMES L. FAGAN		
STREET ADDRESS	319 23RD ST			6.3 STREET ADDRESS	636 PELICAN DRIVE		
CITY-ST-ZIP	NICEVILLE FL 32578			6.4 CITY-ST-ZIP	FT WALTON BEACH, FL 32548		

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, with all other like empowered.

SIGNATURE: DAVID B. RAW DATE 23 FEB 99 1 850 864 3322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)