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FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **748559** (2)
1. Corporation Name
CAPE CORAL SHRINE CLUB HOLDING COMPANY, INC.



Principal Place of Business 360 SANTA BARBARA BLVD P. O. BOX 26 CAPE CORAL FL 33914 US	Mailing Address 360 SANTA BARBARA BLVD P. O. BOX 26 CAPE CORAL FL 33910-0026 US	3. Date Incorporated or Qualified 08/17/1979	3a. Date of Last Report 03/20/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 58-1372301	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KEIL, JAMES F 2300 SW 39 TERR CAPE CORAL, FL 33914	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 **JAMES F. Keil, Treas** (NOTE: Registered Agent signature required when reinstating) DATE **4/27/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWE, EDWARD	1.2 NAME	ROWE, EDWARD
STREET ADDRESS	3612 SE 5 AVE	1.3 STREET ADDRESS	1735 CORAL POINT DR.
CITY-ST-ZIP	CAPE CORAL FL 33904	1.4 CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANTRELL, ROBERT	2.2 NAME	SCHULER, MILTON
STREET ADDRESS	517 SW 51 TERR	2.3 STREET ADDRESS	3718 SW 21ST AVE.
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YEAKEY, JAMES	3.2 NAME	COLMAN, DONALD
STREET ADDRESS	1806 SE 15TH PL	3.3 STREET ADDRESS	511 SE 33 RD TERR.
CITY-ST-ZIP	CAPE CORAL FL 33990	3.4 CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	KEIL, JAMES F	4.2 NAME	
STREET ADDRESS	2300 SW 39 TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33914	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'ROURKE, RUSSELL	5.2 NAME	O'ROURKE, RUSSELL
STREET ADDRESS	782 HYDRANGEA DR	5.3 STREET ADDRESS	782 HYDRANGEA DR.
CITY-ST-ZIP	N FT MYERS FL 33903	5.4 CITY-ST-ZIP	N. FT. MYERS, FL 33903
TITLE	DV <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOROFF, HARRY	6.2 NAME	ZIROFF, HARRY
STREET ADDRESS	1425 SE 43RD ST	6.3 STREET ADDRESS	1425 SE 43RD ST.
CITY-ST-ZIP	CAPE CAROL FL	6.4 CITY-ST-ZIP	CAPE CORAL, FL 33904

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: **James F. Keil** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE **4/27/97** Daytime Phone # **0056436**

CR2E037 (9/96)