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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 1:54

DOCUMENT # **762734** **(2)**

1. Corporation Name

WEST FLORIDA SHRINE CLUB BUILDING ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
P.O. BOX 785 MARIANNA FL 32446	P.O. BOX 785 MARIANNA FL 32446

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/05/1982
3a. Date of Last Report: 08/31/1994
4. FEI Number: 59-2895646 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 P.O.Box 785	26 P.O.Box 785
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Marianna, Fl.	City & State 28 Marianna, FL.
Zip 24 32447 Country 25 USA	Zip 29 32447 Country 30 USA

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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
LELAND, JAMES 4574 OAKWOOD DR MARIANNA FL 32447	81 Name: Leland James 82 Street Address (P.O. Box Number is Not Acceptable): 4574 Oakwood Drive 83 Marianna, Florida 32447 84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Leland James — 1-17-95
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	P	1.1 TITLE	P - D ☐ Change ☐ Addition
NAME	GRAINGER, TOMMY L.	1.2 NAME	Grainger, Tommy L.
STREET ADDRESS	3264 HWY 73	1.3 STREET ADDRESS	3264 Hwy 73
CITY-ST-ZIP	MARIANNA FL	1.4 CITY-ST-ZIP	Marianna, Fl 32446
TITLE	VP	2.1 TITLE	VP - D ☐ Change ☐ Addition
NAME	GLENN, W.W.	2.2 NAME	Glenn, W. W.
STREET ADDRESS	234 KELLY STREET	2.3 STREET ADDRESS	234 Kelly Street Marianna, Fl. 32446
CITY-ST-ZIP	MARIANNA FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	S - D ☐ Change ☐ Addition
NAME	DERMONT, VERNON A.	3.2 NAME	Dermont, Vernon A.
STREET ADDRESS	3RD AVE.	3.3 STREET ADDRESS	3rd AVE.
CITY-ST-ZIP	SNEADS FL	3.4 CITY-ST-ZIP	Sneads, Fl. 32460
TITLE	T	4.1 TITLE	T - D ☐ Change ☐ Addition
NAME	LELAND, JAMES	4.2 NAME	Leland James
STREET ADDRESS	NORTH OAKS SUBDIVISON	4.3 STREET ADDRESS	Northoaks Subdivision
CITY-ST-ZIP	MARIANNA FL	4.4 CITY-ST-ZIP	Marianna, Florida 32446
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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: Leland James — 1-17-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0029068