

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 762734 (2)
1. Corporation Name
WEST FLORIDA SHRINE CLUB BUILDING ASSOCIATION, I NC.



Principal Place of Business Mailing Address
P.O. BOX 785 P.O. BOX 785
MARIANNA FL 32447 MARIANNA FL 32447
US US

3. Date Incorporated or Qualified **04/05/1982** 3a. Date of Last Report **02/03/1995**
4. FEI Number **59-2895646** Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

**LELAND, JAMES
4574 OAKWOOD DR
MARIANNA FL 32447**

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

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 <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAINGER, TOMMY L.	1.2 NAME	Sonny Morris
STREET ADDRESS	3264 HWY 73	1.3 STREET ADDRESS	2464 Lawrence Road
CITY-ST-ZIP	MARIANNA FL	1.4 CITY-ST-ZIP	Marianna, Florida 32446
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLENN, W.W.	2.2 NAME	Howard Claburn
STREET ADDRESS	234 KELLY STREET	2.3 STREET ADDRESS	2081 Panner Road
CITY-ST-ZIP	MARIANNA FL	2.4 CITY-ST-ZIP	Marianna, Florida 32446
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERMONT, VERNON A.	3.2 NAME	Joe Faircloth
STREET ADDRESS	3RD AVE.	3.3 STREET ADDRESS	2977 Sunrise Drive
CITY-ST-ZIP	SNEADS FL	3.4 CITY-ST-ZIP	Marianna, Florida 32446
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LELAND, JAMES	4.2 NAME	Leland James
STREET ADDRESS	NORTH OAKS SUBDIVISON	4.3 STREET ADDRESS	North Oaks Subdivision
CITY-ST-ZIP	MARIANNA FL	4.4 CITY-ST-ZIP	Marianna, Florida 32446
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-95 482-4573

CR2E037 (12/95)