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Apr 04 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 765680

(4)

1. Corporation Name

BASS CAPITAL SHRINE CLUB HOLDING CORPORATION

Principal Place of Business

Mailing Address

SHRINE CLUB ROAD  
P.O. BOX 241  
CRESCENT CITY FL 32112SHRINE CLUB ROAD  
P.O. BOX 241  
CRESCENT CITY FL 32112-02413. Date Incorporated or Qualified  
11/05/19823a. Date of Last Report  
06/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

4. FEI Number  
59-2201964Applied For  
Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees7. 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

STONE, EVERETT  
R 1, BOX 255  
CRESCENT CITY FL 32112

81 Name EVERETT STONE

82 Street Address (P.O. Box Number is Not Acceptable)

R 3 BOX 255

83 CRESCENT CITY

84 City

FL

85 Zip Code

32112

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

*Everett Stone*

2-16-97

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 SD  
NAME STONE, EVERETT  
STREET ADDRESS R 3 BOX 255  
CITY-ST-ZIP CRESCENT CITY FL NA1.1 TITLE SD  
1.2 NAME EVERETT STONE  
1.3 STREET ADDRESS R 3 BOX 255  
1.4 CITY-ST-ZIP CRESCENT CITY, FL 32112TITLE PD  
NAME ROWE DONALD F  
STREET ADDRESS R 2 BOX 86  
CITY-ST-ZIP CRESCENT CITY FL NA2.1 TITLE PD  
2.2 NAME ERNEST LORD  
2.3 STREET ADDRESS STAR RT 1 BOX 643R  
2.4 CITY-ST-ZIP SATSUMA, FL 32189TITLE TD  
NAME LADKIN JAMESA  
STREET ADDRESS BOX 445  
CITY-ST-ZIP GEORGETOWN FL NA3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 REQUIRED *Everett Stone* EVERETT STONE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2-16-97

Daytime Phone 40001834

CR2E037 (9/96)