

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **765680** (4)  
1. Corporation Name  
**BASS CAPITAL SHRINE CLUB HOLDING CORPORATION**



Principal Place of Business <b>SHRINE CLUB ROAD P.O. BOX 241 CRESCENT CITY FL 32112</b>		Mailing Address <b>SHRINE CLUB ROAD P.O. BOX 241 CRESCENT CITY FL 32112</b>		3. Date Incorporated or Qualified <b>11/05/1982</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		4. FEI Number <b>69-2201964</b> Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>STONE, EVERETT R 3 BOX 255 CRESCENT CITY FL 32112</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b>	1.1 TITLE	<b>PD</b>
NAME	<b>STONE, EVERETT</b>	1.2 NAME	<b>ROBERT PRINGLE</b>
STREET ADDRESS	<b>R 3 BOX 255 N/A</b>	1.3 STREET ADDRESS	<b>STAR RT 3 BOX 479</b>
CITY-ST-ZIP	<b>CRESCENT CITY FL</b>	1.4 CITY-ST-ZIP	<b>CRESCENT CITY FL 32112</b>
TITLE	<b>PD</b>	2.1 TITLE	<b>TD</b>
NAME	<b>LORD, ERNEST</b>	2.2 NAME	<b>ERNEST LORD</b>
STREET ADDRESS	<b>STAR RT 1 BOX 642 R</b>	2.3 STREET ADDRESS	<b>STAR RT 1 BOX 642 R</b>
CITY-ST-ZIP	<b>SATSUMA FL</b>	2.4 CITY-ST-ZIP	<b>SATSUMA, FL 32189</b>
TITLE	<b>TD</b>	3.1 TITLE	
NAME	<b>LADKIN JAMESA</b>	3.2 NAME	
STREET ADDRESS	<b>BOX 445 N/A</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GEORGETOWN FL</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ernest Lord* 2-16-98

Date

Daytime Phone # 0001827

CR2E037 (1097)