

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 APR 18 PM 10:21

DOCUMENT # NO1107 (4)

1. Corporation Name
BRANFORD SHRINE CLUB ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**OLD DEPOT CLUBHOUSE, SUWANNEE RIVER
P.O. BOX 125
BRANFORD FL 32008**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/26/1984** 3a. Date of Last Report **05/23/1994**

4. FEI Number **59-2539067** Applied For Not Applicable

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

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

9. Name and Address of Current Registered Agent
**ROBERTS, CHARLES W
RT 1 BOX 509
BRANFORD FL 32008**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	S
NAME	BLAND, MANLEY, SR.
STREET ADDRESS	18 CAROLINE AVE.
CITY - ST - ZIP	LAKE CITY FL
TITLE	T
NAME	ROBERTS, CHARLES W
STREET ADDRESS	RT 1 BOX 509 NA,
CITY - ST - ZIP	BRANFORD FL
TITLE	P
NAME	BROADHURST, DANIEL
STREET ADDRESS	PO BOX 829 NA
CITY - ST - ZIP	LAKE CITY FL
TITLE	D
NAME	CARVER, ERON
STREET ADDRESS	RT 2 BOX 415 NA
CITY - ST - ZIP	BRANFORD FL
TITLE	D
NAME	HYDE, EUGENE R.
STREET ADDRESS	RT 2 BOX 419
CITY - ST - ZIP	BRANFORD FL
TITLE	D
NAME	WATTERS, GEORGE
STREET ADDRESS	P.O. BOX 931, NA
CITY - ST - ZIP	BRANFORD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	5	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHARLIE DANIEL	
1.3 STREET ADDRESS	P.O. BOX 824 N/A	
1.4 CITY - ST - ZIP	BRANFORD, FL 32008	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PEARCE, BILL E.	
3.3 STREET ADDRESS	P.O. BOX 271 N/A	
3.4 CITY - ST - ZIP	WELLBORN, FL 32094	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(3)(4), 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: Charlie Daniel **CHARLIE DANIEL** 4-13-95 **904-755-3016**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

X-2183