


FILE NOW: FILING FEE IS \$61.25

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Sep 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N01107** (4)

1. Corporation Name

**BRANFORD SHRINE CLUB ASSOCIATION, INC.**



Principal Place of Business <b>OLD DEPOT CLUBHOUSE, SUWANNEE RIVER P.O. BOX 125 BRANFORD FL 32008</b>	Mailing Address <b>OLD DEPOT CLUBHOUSE, SUWANNEE RIVER P.O. BOX 125 BRANFORD FL 32008-0125</b>
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3. Date Incorporated or Qualified <b>01/26/1984</b>	3a. Date of Last Report <b>07/11/1996</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country	4. FEI Number <b>59-2539067</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>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBARTS, CHARLES W  
RT 1 BOX 509  
BRANFORD FL 32008**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DANIEL, CHARLIE</b>	1.2 NAME	
STREET ADDRESS	<b>P.O. BOX 824 N/A</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRANFORD FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBARTS, CHARLES W</b>	2.2 NAME	
STREET ADDRESS	<b>RT 1 BOX 509 NA</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRANFORD FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEARCE, BILL E</b>	3.2 NAME	<b>P RATLIFF, J.R.</b>
STREET ADDRESS	<b>P.O. BOX 271 N/A</b>	3.3 STREET ADDRESS	<b>PO BOX 66</b>
CITY-ST-ZIP	<b>WELLBORN FL</b>	3.4 CITY-ST-ZIP	<b>LAKE CITY FL 32055</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARVER, ERON</b>	4.2 NAME	
STREET ADDRESS	<b>RT 2 BOX 415 NA</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRANFORD FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEEN, LEONARD KENNET</b>	5.2 NAME	
STREET ADDRESS	<b>RT 9, BOX 1169B N/A</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE CITY FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WATTERS, GEORGE</b>	6.2 NAME	
STREET ADDRESS	<b>P.O. BOX 931, NA</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRANFORD FL</b>	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)(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 \_\_\_\_\_ X-2183

CR2E037 (9/96)