


FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 21 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # NO1107 (4)
1. Corporation Name
BRANFORD SHRINE CLUB ASSOCIATION, INC.



Principal Place of Business OLD DEPOT CLUBHOUSE, SUWANNEE RIVER P.O. BOX 125 BRANFORD FL 32008	Mailing Address OLD DEPOT CLUBHOUSE, SUWANNEE RIVER P.O. BOX 125 BRANFORD FL 32008
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3. Date Incorporated or Qualified 01/26/1984	
4. FEI Number 59-2539067	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input 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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**ROBARTS, CHARLES W
RT 1 BOX 509
BRANFORD FL 32008**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 SD	NAME DANIEL, CHARLIE	1.1 TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS P.O. BOX 824 N/A	CITY-ST-ZIP BRANFORD FL	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE T	NAME ROBARTS, CHARLES W	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS RT 1 BOX 509 NA	CITY-ST-ZIP BRANFORD FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE P	NAME RATLIFF, J. R.	3.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS P O BOX 66	CITY-ST-ZIP LAKE CITY FL	3.2 NAME LEWIE S. CARMICHAEL	
		3.3 STREET ADDRESS RT 1 BOX 401 NA	
		3.4 CITY-ST-ZIP BRANFORD, FL 32008	
TITLE D	NAME CARVER, ERON	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS RT 2 BOX 415 NA	CITY-ST-ZIP BRANFORD FL	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE X	NAME KEEN, LEONARD KENNETH	5.1 TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS RT 9, BOX 1169B N/A	CITY-ST-ZIP LAKE CITY FL	5.2 NAME	
		5.3 STREET ADDRESS RT 15 BOX 4428 NA	
		5.4 CITY-ST-ZIP LAKE CITY FL 32024	
TITLE D	NAME WATTERS, GEORGE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS P.O. BOX 931, NA	CITY-ST-ZIP BRANFORD FL	6.2 NAME	
		6.3 STREET ADDRESS	
		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)(f), 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]* **1-5-98** **904-925-8835**

CR2E037 (10/97)