

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90089 014 ****61.25

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DOCUMENT # N01107

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

01/26/1984

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

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

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-14-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DANIEL, CHARLIE
STREET ADDRESS P.O. BOX 824 N/A
CITY-ST-ZIP BRANFORD FL

TITLE ☐ DELETE

NAME CARMICHAEL, LEWIE S
STREET ADDRESS RT 1 BOX 401
CITY-ST-ZIP BRANFORD FL 32008

TITLE ☒ DELETE

NAME RATLIFF, J. R.
STREET ADDRESS P O BOX 66
CITY-ST-ZIP LAKE CITY FL

TITLE ☐ DELETE

NAME CARVER, ERON
STREET ADDRESS RT 2 BOX 415 NA
CITY-ST-ZIP BRANFORD FL

TITLE ☐ DELETE

NAME KEEN, LEONARD KENNET
STREET ADDRESS RT 15 BOX 4428
CITY-ST-ZIP LAKE CITY FL 32024

TITLE ☐ DELETE

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

S

VICE PRESIDENT
ISAAC, WALLACE W.
22812-39 ST
LAKE CITY, FL 32024

PRESIDENT

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, with or without like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-99 904-935-9875

CR2E037 (11/98)