
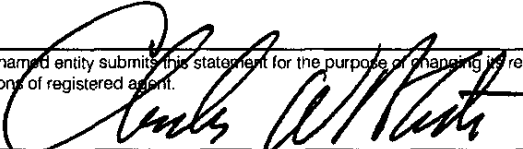
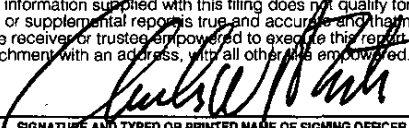


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2004 8:00 am
Secretary of State

01-13-2004 90025 034 ****61.25

| | | | | | |
|---|---|--|---|---|--|
| DOCUMENT # N01107 | | | |  | |
| 1. Entity 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 | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 01112004 Chg-NP CR2E037 (10/03) | |
| 4. FEI Number 59-2539067 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired | | | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| ROBERTS, CHARLES W RT 1 BOX 308 229 S.E. NANCY AVE BRANFORD, FL 32008 | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE  DATE 1-11-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DANIEL, CHARLIE P.O. BOX 824 N/A BRANFORD, FL | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CARMICHAEL, LEWIE S RT 1 BOX 404 BRANFORD, FL 32008 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GEOCEK, VINCENT RT 2 BOX 950 HIGH SPRINGS, FL 32643 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1VP JOHNSON, DENNIS S RT 1 BOX 700 BRANFORD, FL 32008 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KEEN, LEONARD KENNET RT 15 BOX 4428 4420 LAKE CITY, FL 32024 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WATTERS, GEORGE F. P.O. BOX 931, NA BRANFORD, FL | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1624 South S-R349 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 449 S.E. BEAVER ROAD | | | | |
| 12. 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 report or supplemental reports 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 10 or Block 11 if changed, or on an attachment with an address, with all other data empowered. | | | | | |
| SIGNATURE:  TREASURER 1-11-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |