


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

01-18-2005 90104 012 ****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**

66001889



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

02092005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2539067

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROBERTS, CHARLES W
RT-1 BOX 609- 229 SE NANCY AVE
BRANFORD, FL 32008**

7. Name and Address of New Registered Agent

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  **TREASURER** **2-10-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	DANIEL, CHARLIE
STREET ADDRESS	P.O. BOX 824 N/A
CITY-ST-ZIP	BRANFORD, FL
TITLE	S <input type="checkbox"/> Delete
NAME	CARMICHAEL, LEWIE S
STREET ADDRESS	RT 1 BOX 401
CITY-ST-ZIP	BRANFORD, FL 32008
TITLE	P <input type="checkbox"/> Delete
NAME	GEOCEK, VINCENT
STREET ADDRESS	RT. 2 BOX 950
CITY-ST-ZIP	HIGH SPRINGS, FL 32643
TITLE	1VP <input type="checkbox"/> Delete
NAME	JOHNSON, DENNIS S
STREET ADDRESS	RT 1 BOX 780
CITY-ST-ZIP	BRANFORD, FL 32008
TITLE	D <input type="checkbox"/> Delete
NAME	KEEN, LEONARD KENNET
STREET ADDRESS	RT 15 BOX 4428
CITY-ST-ZIP	LAKE CITY, FL 32024
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	WATTERS, GEORGE
STREET ADDRESS	P.O. BOX 931, NA
CITY-ST-ZIP	BRANFORD, FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	32008
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1624 SOUTH SR. 349
CITY-ST-ZIP	
TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	265 SW CR-1B
CITY-ST-ZIP	
TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	449 SE BEAVER ROAD
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	131 SW CODY COURT
CITY-ST-ZIP	
TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES W. ROBERTS
STREET ADDRESS	229 SE NANCY AVE
CITY-ST-ZIP	BRANFORD FL 32008

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **2-10-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #