
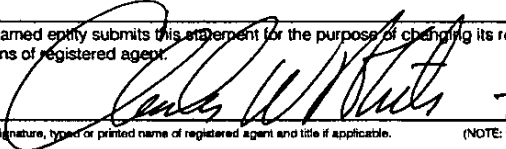
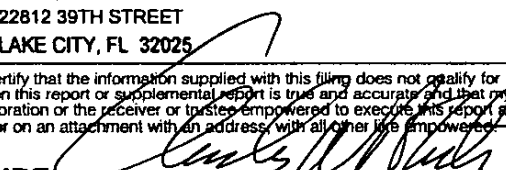


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90037 021 ****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	4. FEI Number 59-2539067	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ROBARTS, CHARLES W 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when reinstating)		DATE 1-5-2006	
Filing Fee is \$61.25 Due by May 1, 2006		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	P	<input type="checkbox"/> Delete	TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DANIEL, CHARLIE		NAME		
STREET ADDRESS	P.O. BOX 824 N/A		STREET ADDRESS		
CITY-ST-ZIP	BRANFORD, FL 32008		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	1st V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CARMICHAEL, LEWIE S		NAME	James C. Sparks, Jr	
STREET ADDRESS	1624 SOUTH SR 349		STREET ADDRESS	394 S.W. Rose Creek Drive	
CITY-ST-ZIP	BRANFORD, FL 32008		CITY-ST-ZIP	Lake City, FL 32024	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	2nd V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GEOCEK, VINCENT		NAME	Robert J. Byres	
STREET ADDRESS	265 SW CR 18		STREET ADDRESS	13025 S. Hwy 441	
CITY-ST-ZIP	HIGH SPRINGS, FL 32643		CITY-ST-ZIP	Lake City, FL 32025	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JOHNSON, DENNIS S		NAME	Quinton K. Daughtry	
STREET ADDRESS	449 SE BEAVER ROAD		STREET ADDRESS	7326 - 224th Street	
CITY-ST-ZIP	BRANFORD, FL 32008		CITY-ST-ZIP	O'Brien, FL 32071	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KEEN, LEONARD KENNET		NAME	S. Harvey Buchanan, Sr.	
STREET ADDRESS	131 SW CODY COURT		STREET ADDRESS	371 Burmese Road	
CITY-ST-ZIP	LAKE CITY, FL 32024		CITY-ST-ZIP	Brantford, FL 32008	
TITLE	1VP	<input type="checkbox"/> Delete	TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ISAAC, WALLACE W		NAME		
STREET ADDRESS	22812 39TH STREET		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 32025		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TITLE</small>			CHARLES W. ROBERTS <small>DIRECTOR</small>		
Charles W. Roberts			1-5-2006 386-935-2835 <small>Date Daytime Phone #</small>		