

DOCUMENT # N01107

1. Entity Name
BRANFORD SHRINE CLUB ASSOCIATION, INC.



FILED
Jan 12, 2007 8:00 am
Secretary of State

01-12-2007 90016 013 ****61.25

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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

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
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 **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: *Charles W. Roberts* **CHARLES W. ROBARTS** **1-4-07**
 Signature, typed or printed name of registered agent and title if applicable. (Typed name of registered agent is required for all registrations.) DATE

Filing Fee is **\$61.25**
Due by May 1, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DANIEL, CHARLIE P.O. BOX 824 N/A BRANFORD, FL 32008 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1V SPARKS, JAMES C JR 394 SOUTHWEST ROSE CREEK DRIVE LAKE CITY, FL 32024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2V BYRES, ROBERT J 13025 SOUTH HIGHWAY 441 LAKE CITY, FL 32025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1ST V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAUGHTRY, QUINTON K 7326-224TH STREET O BRIEN, FL 32071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHANAN, S. HARVEY SR 371 BURMESE ROAD BRANFORD, FL 32008 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ISAAC, WALLACE W 22812 39TH STREET LAKE CITY, FL 32025 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2ND V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WALTER B. SHERROD 2114 S.W. SANTA FE DRIVE FT WHITE FL 32038

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 employees.

SIGNATURE: *Charles W. Roberts* **CHARLES W. ROBARTS** **1-4-07** **386-935-3835**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #
TREASURER