

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 06, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000004503

1. Entity Name

**WALTON COUNTY SHRINE CLUB OF DEFUNIAK
SPRINGS, INC.**



Principal Place of Business

Mailing Address

**47 DR. ROBERTS DRIVE
DEFUNIAK SPRINGS FL 32433**

**47 DR. ROBERTS DRIVE
DEFUNIAK SPRINGS FL 32433**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3012737

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOORE, JAMES E
135 E. JOHN SIMS PARKWAY
NICEVILLE FL 32578**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: 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-STATE-ZIP
**PD
BELL, JACK
372 BELL ROAD
DEFUNIAK SPRINGS FL 32433** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition
**U000000625288
02/14/07-80069-017 61.25**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**VTD
BROADWAY, JERRY
564 HARBURD ROAD
DEFUNIAK SPRINGS FL 32433** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**SD
MOORE, JAMES E
6145 OLD BETHEL ROAD
CRESTVIEW FL 32536** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

JERRY L. BROADWAY
Jerry L. Broadway

4 Feb 07 950 951-4887