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95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N05972 (7)**
1. Corporation Name
BAKER COUNTY SHRINE CLUB ASSOCIATION, INC.

Principal Place of Business Mailing Address

**STODDARD & MADISON (GLEN ST. MARY 32040)
PO BOX 731
MACCLENNY FL 32063**

**STODDARD & MADISON (GLEN ST. MARY 32040)
PO BOX 731
MACCLENNY FL 32063**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/02/1984** 3a. Date of Last Report **04/21/1994**

4. FEI Number **59-2489564** Applied For Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**MUENCH, WM BRUCE
438 E MONROE ST
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNER, ROBERT A.	1 2 NAME	
STREET ADDRESS	RT. 1, BOX 502 N/A	1 3 STREET ADDRESS	
CITY - ST - ZIP	MACCLENNY FL	1 4 CITY - ST - ZIP	
TITLE	P	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSIER, ROBERT A	2 2 NAME	
STREET ADDRESS	32 WIDENER WAY	2 3 STREET ADDRESS	
CITY - ST - ZIP	ORANGE PARK FL	2 4 CITY - ST - ZIP	
TITLE	S	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNER, ROBERT A.	3 2 NAME	
STREET ADDRESS	RT. 1 BOX 504	3 3 STREET ADDRESS	
CITY - ST - ZIP	MACCLENNY FL N/A	3 4 CITY - ST - ZIP	
TITLE	D	4 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EZELL, JULIAN L	4 2 NAME	EZELL, Julian L.
STREET ADDRESS	RT. 1 BOX 782	4 3 STREET ADDRESS	6040 Duclay Rd.
CITY - ST - ZIP	MACCLENNY FL	4 4 CITY - ST - ZIP	Jax, FL 32244
TITLE	D	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRASER, GARY R	5 2 NAME	
STREET ADDRESS	P.O. BOX 838	5 3 STREET ADDRESS	
CITY - ST - ZIP	MACCLENNY FL N/A	5 4 CITY - ST - ZIP	
TITLE	D	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISH, BEN	6 2 NAME	
STREET ADDRESS	RT 1, BOX 54F N/A	6 3 STREET ADDRESS	
CITY - ST - ZIP	SANDERSON FL	6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert A. Conner, Sec. ROBERT A. CONNER 4-4-95 904-632-1147

(Signature and Typed or Printed Name of Signing Officer or Director) (Date) (Telephone Number)