

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

3. Date Incorporated or Qualified **11/02/1984** 3a. Date of Last Report **05/01/1995**
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**
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 **DAWKINS LODGE #60** 26 **DAWKINS LODGE # 60**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **233 E. MACCLENNY, AVE.** 27 **P. O. BOX 731**
City & State City & State
23 **MACCLENNY, FLORIDA** 28 **MACCLENNY, FLORIDA**
Zip Country Zip Country
24 **32063** 25 **BAKER** 29 **32063** 30 **BAKER**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUENCH, WM BRUCE
438 E MONROE ST
JACKSONVILLE FL 32202

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	T			<input type="checkbox"/>
	CONNER, ROBERT A.			
	RT. 1, BOX 502 N/A			
	MACCLENNY FL			
	P			<input checked="" type="checkbox"/>
	ROSIER, ROBERT A			
	32 WIDENER WAY			
	ORANGE PARK FL			
	S			<input type="checkbox"/>
	CONNER, ROBERT A.			
	RT 1 BOX 504 N/A			
	MACCLENNY FL			
	D			<input type="checkbox"/>
	EZELL, JULIAN L			
	6040 DUCLAY RD			
	JAX FL			
	D			<input type="checkbox"/>
	FRASER, GARY R			
	P O BOX 838 N/A			
	MACCLENNY FL			
	D			<input checked="" type="checkbox"/>
	FISH, BEN			
	RT 1 BOX 54F N/A			
	SANDERSON FL			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	P				
	COOPER, FRANK W.				
	RT. 1 BOX 347 HICKORY ST.				
	MACCLENNY, FLORIDA 32063				
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	D				
	ROSIER, ROBERT A.				
	32 WIDENER WAY				
	ORANGE PARK, FLORIDA 32073				

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)(k), 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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert A. Conner, Sec. 3-9-96
Date

984-259-2318

CR2E037 (12/95)