

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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



Principal Place of Business: **STODDARD & MADISON (GLEN ST. MARY 32040) PO BOX 731 MACCLENNY FL 32063**
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: **21 DAWKINS LODGE #60**
Suite, Apt. #, etc.: **22 233 E. MACCLENNY, AVE.**
City & State: **23 MACCLENNY, FLORIDA**
Zip: **24 32063** Country: **25 BAKER**
2a. Mailing Address: **26 DAWKINS LODGE # 60**
Suite, Apt. #, etc.: **27 P. O. BOX 731**
City & State: **28 MACCLENNY, FLORIDA**
Zip: **29 32063** Country: **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	T	<input type="checkbox"/> DELETE
NAME	CONNER, ROBERT A.	
STREET ADDRESS	RT. 1, BOX 502 N/A	
CITY-ST-ZIP	MACCLENNY FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ROSIER, ROBERT A	
STREET ADDRESS	32 WIDENER WAY	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CONNER, ROBERT A.	
STREET ADDRESS	RT 1 BOX 504 N/A	
CITY-ST-ZIP	MACCLENNY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EZELL, JULIAN L	
STREET ADDRESS	6040 DUCLAY RD	
CITY-ST-ZIP	JAX FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRASER, GARY R	
STREET ADDRESS	P O BOX 838 N/A	
CITY-ST-ZIP	MACCLENNY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FISH, BEN	
STREET ADDRESS	RT 1 BOX 54F N/A	
CITY-ST-ZIP	SANDERSON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

904-259-2318

CR2E037 (12/95)