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Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N05972 (7)
1. Corporation Name
BAKER COUNTY SHRINE CLUB ASSOCIATION, INC.



Principal Place of Business DAWKINS LODGE #60 233 E MACCLENNY AVENUE MACCLENNY FL 32063 US	Mailing Address DAWKINS LODGE #60 P.O. BOX 731 MACCLENNY FL 32063-0731 US
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3. Date Incorporated or Qualified 11/02/1984	3a. Date of Last Report 03/20/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-2489564	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 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: _____ (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 type="checkbox"/> DELETE
NAME	COOPER, FRANK W.
STREET ADDRESS	RT 1 BOX 347/ HICKORY STREET
CITY-ST-ZIP	MACCLENNY 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 checked="" type="checkbox"/> DELETE
NAME	FRASER, GARY R
STREET ADDRESS	P O BOX 898 N/A
CITY-ST-ZIP	MACCLENNY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ROSIER, ROBERT A.
STREET ADDRESS	32 WIDENER WAY
CITY-ST-ZIP	ORANGE PARK 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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D HARVEY, EDWARD WILLIAM
5.3 STREET ADDRESS	RT. 1 BOX 494 N/A
5.4 CITY-ST-ZIP	MACCLENNY, FLORIDA 32063
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* **ROBERT A. CONNER, SEC. JANUARY 29, 1997 904-259-2311**

CR2E037 (9/96)