

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 20 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**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 US
--	--

3. Date Incorporated or Qualified  
**11/02/1984**

4. FEI Number  
**59-2489564**

Applied For   
 Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
T NAME STREET ADDRESS CITY-ST-ZIP	<b>CONNER, ROBERT A.</b> RT. 1, BOX 502 N/A MACCLENNY FL	<input type="checkbox"/> DELETE	
P NAME STREET ADDRESS CITY-ST-ZIP	<b>COOPER, FRANK W.</b> RT 1 BOX 347/ HICKORY STREET MACCLENNY FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
S NAME STREET ADDRESS CITY-ST-ZIP	<b>CONNER, ROBERT A.</b> RT 1 BOX 504 N/A MACCLENNY FL	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
D NAME STREET ADDRESS CITY-ST-ZIP	<b>EZELL, JULIAN L</b> 6040 DUCLAY RD JAX FL	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
D NAME STREET ADDRESS CITY-ST-ZIP	<b>HARVEY, EDWARD WILLIAM</b> RT. 1, BOX 494 N/A MACCLENNY FL	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
D NAME STREET ADDRESS CITY-ST-ZIP	<b>ROSIER, ROBERT A.</b> 32 WIDENER WAY ORANGE PARK FL	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
T NAME STREET ADDRESS CITY-ST-ZIP	<b>CONNER, ROBERT A.</b> RT. 1, BOX 502 N/A MACCLENNY FL	<input type="checkbox"/> DELETE	
P NAME STREET ADDRESS CITY-ST-ZIP	<b>COOPER, FRANK W.</b> RT 1 BOX 347/ HICKORY STREET MACCLENNY FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
S NAME STREET ADDRESS CITY-ST-ZIP	<b>CONNER, ROBERT A.</b> RT 1 BOX 504 N/A MACCLENNY FL	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
D NAME STREET ADDRESS CITY-ST-ZIP	<b>EZELL, JULIAN L</b> 6040 DUCLAY RD JAX FL	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
D NAME STREET ADDRESS CITY-ST-ZIP	<b>HARVEY, EDWARD WILLIAM</b> RT. 1, BOX 494 N/A MACCLENNY FL	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
D NAME STREET ADDRESS CITY-ST-ZIP	<b>ROSIER, ROBERT A.</b> 32 WIDENER WAY ORANGE PARK FL	<input type="checkbox"/> DELETE	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 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** 1-6-98 904-259-2318

CR2E037 (10/97)