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NONPROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N05972**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

11/02/1984

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

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

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 DELETE

NAME CONNER, ROBERT A.
 STREET ADDRESS RT. 1, BOX 502 N/A
 CITY-ST-ZIP MACCLENNY FL

TITLE DELETE

NAME COOPER, FRANK W.
 STREET ADDRESS RT 1 BOX 347/ HICKORY STREET
 CITY-ST-ZIP MACCLENNY FL

TITLE DELETE

NAME CONNER, ROBERT A.
 STREET ADDRESS RT 1 BOX 504 N/A
 CITY-ST-ZIP MACCLENNY FL

TITLE DELETE

NAME EZELL, JULIAN L
 STREET ADDRESS 6040 DUCLAY RD
 CITY-ST-ZIP JAX FL

TITLE DELETE

NAME HARVEY, EDWARD WILLIAM
 STREET ADDRESS RT. 1, BOX 494 N/A
 CITY-ST-ZIP MACCLENNY FL

TITLE 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 T Change Addition

1.2 NAME CONNER, ROBERT A.
 1.3 STREET ADDRESS RT. 1 504 SHELLY LANE
 1.4 CITY-ST-ZIP MACCLENNY, FL.

2.1 TITLE D Change Addition

2.2 NAME COOPER, FRANK W.
 2.3 STREET ADDRESS RT. 1 BOX 347/HICKORY STREET
 2.4 CITY-ST-ZIP MACCLENNY, FL.

3.1 TITLE S Change Addition

3.2 NAME CONNER, ROBERT A.
 3.3 STREET ADDRESS RT. 1 504 SHELLY LANE
 3.4 CITY-ST-ZIP MACCLENNY, FL.

4.1 TITLE Change Addition

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE P Change Addition

5.2 NAME HARVEY, EDWARD WILLIAM
 5.3 STREET ADDRESS RT. 1 BOX 494 SHELLY LANE
 5.4 CITY-ST-ZIP MACCLENNY, FL.

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

Robert A. Conner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99
 Date

904-259-2318
 Daytime Phone #

CR2E037 (1/198)