

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90086 042 ****61.25

DOCUMENT # N05972

1. Entity 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
 PO BOX 731
 MACCLENNY FL 32063
 US**

2. Principal Place of Business

3. Mailing Address

BAKER COUNTY SHRINE CLUB

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P. O. BOX 731

City & State

City & State

MACCLENNY, FL

Zip

Country

Zip

Country

32063

BAKER

4. FEI Number

59-2489564

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MUENCH, WM BRUCE
 438 E MONROE ST
 JACKSONVILLE FL 32202**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** Delete
 NAME **CONNER, ROBERT A.**
 STREET ADDRESS **6145 SHELLEY LANE**
 CITY-ST-ZIP **MACCLENNY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **COOPER, FRANK W.**
 STREET ADDRESS **RT-1-347-HICKORY STREET**
 CITY-ST-ZIP **MACCLENNY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **CONNER, ROBERT A.**
 STREET ADDRESS **6145 SHELLEY LANE**
 CITY-ST-ZIP **MACCLENNY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **WILKERSON, ELISHA JR**
 STREET ADDRESS **RT 2 BOX 480**
 CITY-ST-ZIP **MACCLENNY FL 32063**

TITLE **P.** Change Addition
 NAME **UTTER, ROBERT J.**
 STREET ADDRESS **14140 DRAKES PT. CT.**
 CITY-ST-ZIP **JACKSONVILLE, FL. 32224**

TITLE **P** Delete
 NAME **HARVEY, EDWARD WILLIAM**
 STREET ADDRESS **5880 SHELLEY LANE**
 CITY-ST-ZIP **MACCLENNY FL**

TITLE **D** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **ROSIER, ROBERT A.**
 STREET ADDRESS **32 WIDENER WAY**
 CITY-ST-ZIP **ORANGE PARK FL**

TITLE **D** Change Addition
 NAME **ROSIER, ROBERT L.**
 STREET ADDRESS **6222 HUNTERS LANE**
 CITY-ST-ZIP **ST. AUGUSTINE, FL. 32092**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert A. Conner, Sec. & Treas.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-02

904-259-2318

ROBERT A. CONNER, SEC. & TREAS.
 Date Daytime Phone #

CR2E037 (9/01)