



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90081 027 ****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 BAKER COUNTY SHRINE CLUB PO BOX 731 MACCLENNY, FL 32063 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2489564	
6. Name and Address of Current Registered Agent MUENCH, WM BRUCE 438 E MONROE ST JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONNER, ROBERT A. 6145-SHELLEY LANE MACCLENNY, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6145 SHELLEY LANE MACCLENNY, FL. 32063-5425	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, FRANK W. RT. 1 347 HICKORY STREET MACCLENNY, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MACCLENNY, FL. 32063-9724	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONNER, ROBERT A. 6145-SHELLEY LANE MACCLENNY, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6145 SHELLEY LANE MACCLENNY, FL. 32063-5425	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UTTER, ROBERT J 41140 DRAKES PT. CT. JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARVEY, EDWARD WILLIAM 5880 SHELLEY LANE MACCLENNY, FL 32063 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MACCLENNY, FL. 32063-9754	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSIER, ROBERT A. 6222 HUNTERS LANE SAINT-AUGUSTINE, FL 32092- <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAINT AUGUSTINE, FL. 32092-2106	
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 1-19-05 904-259-2318 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40003916



01192005 Chg-NP CR2E037 (10/03)

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Applied For Not Applicable

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.
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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make check payable to **Florida Department of State**

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSIER, ROBERT A. 6222 HUNTERS LANE SAINT-AUGUSTINE, FL 32092- <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAINT AUGUSTINE, FL. 32092-2106

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SIGNATURE:  **ROBERT A. CONNER** **1-19-05** **904-259-2318**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #