


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05972**

1. Entity Name  
**BAKER COUNTY SHRINE CLUB ASSOCIATION, INC.**



Principal Place of Business <b>DAWKINS LODGE #60 233 E MACCLENNY AVENUE MACCLENNY, FL 32063 US</b>	Mailing Address <b>BAKER COUNTY SHRINE CLUB PO BOX 731 MACCLENNY, FL 32063 US</b>
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01102007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2489564</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONNER, ROBERT A. 6145 SHELLY LANE MACCLENNY, FL 320635425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, FRANK W. RT. 1 347 HICKORY STREET MACCLENNY, FL 320639724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONNER, ROBERT A. 6145 SHELLY LANE MACCLENNY, FL 320635425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UTTER, ROBERT J 41140 DRAKES PT. CT. JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARVEY, EDWARD WILLIAM 5880 SHELLY LANE MACCLENNY, FL 320639754
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSIER, ROBERT A. 6222 HUNTERS LANE SAINT AUGUSTINE, FL 320922106

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01/17/07-80075-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* **ROBERT A. CONNER** SEC. 1-10-07 904-259-2318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #