

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 05, 2003 8:00 am
Secretary of State

0063767

03-05-2003 90096 025 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2489564**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	T CONNER, ROBERT A. 6145 SHELLEY LANE MACCLENNY FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D COOPER, FRANK W. RT. 1 347 HICKORY STREET MACCLENNY FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	S CONNER, ROBERT A. 6145 SHELLEY LANE MACCLENNY FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	P UTTER, ROBERT J 14140 DRAKES PT. CT. JACKSONVILLE FL 32224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D UTTER, ROBERT J. 41140 DRAKES PT. CT. JACKSONVILLE, FL. 32224
<input type="checkbox"/> Delete	D HARVEY, EDWARD WILLIAM 5880 SHELLEY LANE MACCLENNY FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	P HARVEY, EDWARD WILLIAM 5880 SHELLY LANE MACCLENNY, FL. 32063
<input type="checkbox"/> Delete	D ROSIER, ROBERT A. 6222 HUNTERS LANE SAINT AUGUSTINE FL 32092	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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* REQUIRED. CONNER SECRETARY 3-2-03 904-259-2318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Division Branch #

CR2E037 (10/02)