SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $500)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -9 AM 9:14

DOCUMENT # N07201 (9)

1. Corporation Name

WINTER HAVEN SHRINE CLUB HOLDING CORPORATION

Principal Place of Business	Mailing Address
4800 LYNCHBURG RD WINTER HAVEN FL 33882 US	P.O. BOX 851 WINTER HAVEN FL 33882

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/21/1985
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-0715340 (59-3280102) ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BRIGGS, ROBERT A.
6612 HIGHWAY 60 E
BARTOW FL 33830

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number Is Not Acceptable)
33
34 City **FL** 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	TD	☐ Change ☒ Addition
NAME	RATCLIFFE, WILBUR S	12 NAME	MOBLEY, J. CARLYLE	
STREET ADDRESS	748 SANTA MARIA DR SE	13 STREET ADDRESS	2730 TAYLOR RD	
CITY-ST-ZIP	WINTER HAVEN FL	14 CITY-ST-ZIP	WINTER HAVEN, FL, 33880	
TITLE	~~VD~~	21 TITLE	PD	☒ Change ☐ Addition
NAME	HUNTER, ROBERT E.	22 NAME	HUNTER, ROBERT E	
STREET ADDRESS	703 PETIT LANE	23 STREET ADDRESS	703 PETIT LANE	
CITY-ST-ZIP	DAVENPORT FL	24 CITY-ST-ZIP	DAVENPORT, FL 33837	
TITLE	VD	31 TITLE	VP	☐ Change ☒ Addition
NAME	BELCHER, WM GUS	32 NAME	SHERMAN, ELMER	
STREET ADDRESS	445 S. 4TH ST	33 STREET ADDRESS	562 PINNACLE DR	
CITY-ST-ZIP	LAKE WALES FL	34 CITY-ST-ZIP	HIGHLAND CITY, FL 33846	
TITLE	VD	41 TITLE	VP	☐ Change ☒ Addition
NAME	HARDEN, JOHN R	42 NAME	CHANEY, JOHN R	
STREET ADDRESS	145 MILLER DR SE	43 STREET ADDRESS	1197 KINSMEN DR	
CITY-ST-ZIP	WINTER HAVEN FL 33884	44 CITY-ST-ZIP	AUBURNDALE, FL 33823	
TITLE	SD	51 TITLE		☐ Change ☐ Addition
NAME	BRIGGS, ROBERT A	52 NAME		
STREET ADDRESS	6612 HWAY 60 E	53 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL 33830	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 6/5/95 941-537-1607
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
ROBERT A. BRIGGS SECRETARY

00T4217