

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N07201 (9)
1. Corporation Name
WINTER HAVEN SHRINE CLUB HOLDING CORPORATION



Principal Place of Business
**4800 LYNCHBURG RD
WINTER HAVEN FL 33882
US**

Mailing Address
**P.O. BOX 851
WINTER HAVEN FL 33882**

3. Date Incorporated or Qualified
01/21/1985

3a. Date of Last Report
06/09/1995

4. FEI Number
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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 4800 Lynchburg RD.

2a. Mailing Address
26 Winter Haven FL.

Suite, Apt. #, etc.
22 P.O.Box 851

27 P.O.Box 851

City & State
23 Winter Haven FL.

28 Winter Haven FL.

Zip
24 33882 0851

Country
25 P.O.Box

29 33882 0851

30 P.O.Box

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

81 Name
May Hugh B.

82 Street Address (P.O. Box Number is Not Acceptable)
422 Harbourview DR.

83

84 City
Haines City

85 Zip Code
FL 33844

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 **Hugh B. May** *Hugh B. May*

3/23/96

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

(Not to be Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MOSLEY, J CARLYLE	
STREET ADDRESS	2730 TAYLOR RD	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HUNTER, ROBERT E	
STREET ADDRESS	703 PETES LANE	
CITY-ST-ZIP	DAVENPORT FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHERMAN, ELMER	
STREET ADDRESS	562 PINNACLE DR	
CITY-ST-ZIP	HIGHLAND CITY FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HARDEN, JOHN R	
STREET ADDRESS	145 MILLER DR SE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BRIGGS, ROBERT A	
STREET ADDRESS	6612 HIWAY 60 E	
CITY-ST-ZIP	BARTOW FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CHANNEY, JOHN R	
STREET ADDRESS	1197 KINSMAN DR	
CITY-ST-ZIP	AUBURNDAL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sherman Elmer	
1.3 STREET ADDRESS	562 Pinnacle DR.	
1.4 CITY-ST-ZIP	Haines City FL. 33844	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Chaney John R.	
2.3 STREET ADDRESS	203 Collier DR.S.E.	
2.4 CITY-ST-ZIP	Winter Haven FL.	
3.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ingram Wally A	
3.3 STREET ADDRESS	2575 N.Highway 27 #167	
3.4 CITY-ST-ZIP	Haines City FL. 33844	
4.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Benedict Roy S.	
4.3 STREET ADDRESS	2731 Ave.T N.W.	
4.4 CITY-ST-ZIP	Winter Haven FL. 33881	
5.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	May Hugh B.	
5.3 STREET ADDRESS	422 Harbourview DR.	
5.4 CITY-ST-ZIP	Haines City FL. 33844	
6.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Golden Raymond L.	
6.3 STREET ADDRESS	P.O.Box 411	
6.4 CITY-ST-ZIP	Winter Haven FL. 33882 0411	

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)(k), 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: **Hugh B. May** *Hugh B. May*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/96

DATE

941/421/2959

DAYTIME PHONE #

CR2E037 (12/95)