

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1997 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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 PO BOX 851 WINTER HAVEN FL 33882-0851 US | Mailing Address PO BOX 851 WINTER HAVEN FL 33882-0851 US |
|--|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 01/21/1985 | 3a. Date of Last Report 03/29/1996 |
| 4. FEI Number 59-3280102 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent
**MAY, HUGH B.
422 HARBOURVIEW DR
HAINES CITY FL 33844**

| |
|---|
| 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 **Hugh B. May SD** *Hugh B. May* **1/10/97**
Signature, typed or printed name of registered agent and title if applicable (Typed or printed name of registered agent and title if applicable) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ELMER, SHERMAN | 1.2 NAME | Wencil H. Stengl |
| STREET ADDRESS | 562 PINNACLE DR | 1.3 STREET ADDRESS | 570 Teesdale DR. |
| CITY-ST-ZIP | HAINES CITY FL | 1.4 CITY-ST-ZIP | Haines City FL. |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | VD <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHANEY, JOHN R. | 2.2 NAME | |
| STREET ADDRESS | 203 COLLIER DR. SE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER HAVEN FL | 2.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 3.1 TITLE | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | INGRAM, WALLY A. | 3.2 NAME | Jack E. Sutherland |
| STREET ADDRESS | 2575 N HWY 27, #167 | 3.3 STREET ADDRESS | 879 Terrace DR. |
| CITY-ST-ZIP | HAINES CITY FL | 3.4 CITY-ST-ZIP | Eagle Lake FL. 33837 |
| TITLE | VD <input type="checkbox"/> DELETE | 4.1 TITLE | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BENEDICT, ROY S. | 4.2 NAME | Richard L. Tuhey |
| STREET ADDRESS | 2731 AVE 'T', NW | 4.3 STREET ADDRESS | 720 Lake Henry CT. |
| CITY-ST-ZIP | WINTER HAVEN FL | 4.4 CITY-ST-ZIP | Winter Haven FL. 33881 9012 |
| TITLE | SD <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MAY, HUGH B. | 5.2 NAME | |
| STREET ADDRESS | 422 HARBOURVIEW DR | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | HAINES CITY FL | 5.4 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 6.1 TITLE | TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GOLDEN, RAYMOND L. | 6.2 NAME | Robert A. Briggs |
| STREET ADDRESS | PO BOX 411 | 6.3 STREET ADDRESS | 6612 Highway 60 E. |
| CITY-ST-ZIP | WINTER HAVEN FL | 6.4 CITY-ST-ZIP | Bartow FL. 33830 8567 |

14. I do 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 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* **1/10/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0054733**

CR2E037 (9/96)