


FILE NOW: FILING FEE IS \$61.25

FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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	
2. Principal Place of Business 21	2a. Mailing Address 26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30

3. Date Incorporated or Qualified 01/21/1985	
4. FEI Number 59-3280102	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 Raymond E. Schaeffer 82 Street Address (P.O. Box Number is Not Acceptable) 83 140 White Cliff Blvd. 84 City Auburndale, FL 85 Zip Code 33823	
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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 *Raymond E. Schaeffer* (NOTE: Registered Agent signature required when reinstating) DATE **4-30/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME ELMER, SHERMAN	1.1 TITLE PD	NAME RICHARD D. MENGELING
STREET ADDRESS 582 PINNACLE DR	CITY-ST-ZIP HAINES CITY FL	1.2 NAME P.O. Box 1618	1.3 STREET ADDRESS 506 Holt Cr. JPV
TITLE VD	NAME CHANEY, JOHN R.	1.4 CITY-ST-ZIP Winter Haven, FL 33882	
STREET ADDRESS 203 COLLIER DR, SE	CITY-ST-ZIP WINTER HAVEN FL	2.1 TITLE VD	NAME RICHARD L. TUHEY
TITLE VD	NAME INGRAM, WALLY A.	2.2 NAME 720 Lake Henry Court	2.3 STREET ADDRESS Winter Haven, FL 33381 9012
STREET ADDRESS 2575 N HWY 27, #167	CITY-ST-ZIP HAINES CITY FL	2.4 CITY-ST-ZIP Winter Haven, FL 33381 9012	
TITLE VD	NAME BENEDICT, ROY S.	3.1 TITLE VD	NAME RICHARD H. EISINGER
STREET ADDRESS 2731 AVE 'T', NW	CITY-ST-ZIP WINTER HAVEN FL	3.2 NAME 3048 Lk. Hartridge Dr.	3.3 STREET ADDRESS Winter Haven, FL 33881
TITLE SD	NAME MAY, HUGH B.	4.1 TITLE VD	NAME GEORGE H. COOK
STREET ADDRESS 422 HARBOURVIEW DR	CITY-ST-ZIP HAINES CITY FL	4.2 NAME 607 Sweetwater Way	4.3 STREET ADDRESS Haines City, FL 33844
TITLE TD	NAME GOLDEN, RAYMOND L.	4.4 CITY-ST-ZIP Haines City, FL 33844	
STREET ADDRESS PO BOX 411	CITY-ST-ZIP WINTER HAVEN FL	5.1 TITLE SD	NAME RAYMOND E. SCHAEFFER
		5.2 NAME 140 White Cliff Blvd.	5.3 STREET ADDRESS Auburndale, FL 33823
		5.4 CITY-ST-ZIP Auburndale, FL 33823	
		6.1 TITLE TD	NAME RAYMOND E. SCHAEFFER
		6.2 NAME 140 White Cliff Blvd.	6.3 STREET ADDRESS Auburndale, FL 33823
		6.4 CITY-ST-ZIP Auburndale, FL 33823	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Raymond E. Schaeffer* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE # 0056807

CR2E037 (10/97)