

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90022 017 \*\*\*\*61.25

**DOCUMENT # N07201**

1. Entity 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

**54032984**



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3280102

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEDORE, SIDNEY R  
1415 GRAND CAYMAN CIRCLE  
WINTER HAVEN FL 33884

Name **KENNETH KENT**

Street Address (P.O. Box Number is Not Acceptable)

**111 WGTO TOWER ROAD**

City

**POLK CITY**

**FL**

Zip Code

**33868**

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

*Kenneth C Kent*

*4/5/04*

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**  
**Due By May 1, 2004**

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

TITLE **P** ☐ Delete  
NAME **PARSONS, JOHN W**  
STREET ADDRESS **3305 TOWEROVERLOOK DR.**  
CITY-ST-ZIP **LAKE WALES FL 33859-7890**

TITLE **TR** ☒ Delete  
NAME **SHERMAN, ELMER**  
STREET ADDRESS **562 PINNACLE DR. SW**  
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **TR** ☒ Delete  
NAME **MOBLEY, J. CARLYLE**  
STREET ADDRESS **2730 TAYLOR ROAD**  
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **TR** ☒ Delete  
NAME **BRADLEY, RAYMOND**  
STREET ADDRESS **1225 HAVENDALE BLVD**  
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **TR** ☐ Delete  
NAME **BENEDICT, ROY S**  
STREET ADDRESS **2731 AVE T NW**  
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **TR** ☐ Delete  
NAME **MAY, HUGH B**  
STREET ADDRESS **422 HARBOR VIEW DR.**  
CITY-ST-ZIP **HAINES CITY FL 33844**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TR** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TR** ☐ Change ☒ Addition  
NAME **NICHOLAS E. BESSER**  
STREET ADDRESS **738 CANBERRA RD.**  
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE **TR** ☐ Change ☒ Addition  
NAME **KENNETH KENT**  
STREET ADDRESS **111 WGTO TOWER ROAD**  
CITY-ST-ZIP **POLK CITY, FL 33868**

TITLE **TR** ☐ Change ☒ Addition  
NAME **JAMES T. GARDNER**  
STREET ADDRESS **332 BAY STREET**  
CITY-ST-ZIP **AUBURNDAL, FL. 33823**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Kenneth C Kent*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/5/04*

Date

Daytime Phone #