

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 # N10901 (9)

1. Corporation Name

DELTONA ALL-STATES SHRINE CLUB, INC.

100001777841

-04/12/96--01012--031

\*\*\*61.25



Principal Place of Business

Mailing Address

1959 S VISCAYA CIRCLE  
P.O. BOX 5326  
DELTONA FL 32728  
US

1959 S VISCAYA CIRCLE  
P.O. BOX 5326  
DELTONA FL 32728  
US

3. Date Incorporated or Qualified  
08/29/1985

3a. Date of Last Report  
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 1859 EAST COOPER DR.

26 1859 EAST COOPER DR.

4. FEI Number

23-7357956

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P.O. Box 5326

27 P.O. Box 5326

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

23 DELTONA FL

28 Deltona, FL

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

24 32725

25 US

Zip

Country

29 32725

30 US

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBARDS, JAMES C  
2860 VALLEY FORGE ROAD  
DELAND FL 32720

81 Name

HINDS, MILBURN A.

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

1859 EAST COOPER DR.

83

84 City

DELTONA

FL

85 Zip Code

32725

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 *Milburn Hinds, Secretary*

*Milburn Hinds*

2/19/96

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

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	HERNDON, WILLIAM	
STREET ADDRESS	1898 VIKING AVENUE	
CITY-ST-ZIP	DELTONA FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	IRVING, HARRY	
STREET ADDRESS	1959 S VISCAYA CIRCLE	
CITY-ST-ZIP	DELTONA FL	
TITLE	VP	DELETE
NAME	EBERT, ARTHUR	
STREET ADDRESS	960 DELTONA BLVD	
CITY-ST-ZIP	DELTONA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ROBARDS, JAMES C	
STREET ADDRESS	2860 VALLEY FORGE ROAD	
CITY-ST-ZIP	DELAND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BELT, VERLAND	
STREET ADDRESS	2025 KELSO DR	
CITY-ST-ZIP	DELTONA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	POWERS, ALBERT	
STREET ADDRESS	1317 PRAIRE CIRCLE	
CITY-ST-ZIP	DELTONA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
11 TITLE	P
12 NAME	Wilson, Lewis H.
13 STREET ADDRESS	P.O. Box 4088
14 CITY-ST-ZIP	Enterprise, FL 32725
21 TITLE	D
22 NAME	Whitney, Willard
23 STREET ADDRESS	371 Magnolia Dr.
24 CITY-ST-ZIP	DeBary, FL 32713
31 TITLE	D
32 NAME	Bethune, William
33 STREET ADDRESS	1270 Baton Dr.
34 CITY-ST-ZIP	Deltona, FL 32725
41 TITLE	SD
42 NAME	Hinds, Milburn A.
43 STREET ADDRESS	1859 East Cooper Dr.
44 CITY-ST-ZIP	Deltona, FL 32725
51 TITLE	VP
52 NAME	Nichols, Clifton
53 STREET ADDRESS	507 Dade Court
54 CITY-ST-ZIP	Deltona, FL 32725
61 TITLE	D
62 NAME	Cleveland, Clyde
63 STREET ADDRESS	2066 Dalton Dr.
64 CITY-ST-ZIP	Deltona, FL 32725

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: *Milburn Hinds* *Milburn Hinds*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/96

904-789 0269

4/08/96

Daytime Phone #

CR2E037 (12/95)