

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED  
AND  
FILED

1997 OCT -2 AM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400002313284--4

-10/06/97--01170--015



-10/06/97--01170--015

\*\*\*\*\*61.25 \*\*\*\*\*61.25

DO NOT WRITE IN THIS SPACE

|   |   |  |
|---|---|--|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N10901 (9)

1. Corporation Name

DELTONA ALL-STATES SHRINE CLUB, INC.

Principal Place of Business

Mailing Address

1859 E COOPER DR. 2025 Kelso Av 1859 E COOPER DR. 2025 Kelso Av  
PO BOX 5326 PO BOX 5326  
DELTONA FL 32725 Deltona, FL  
US 32725 US

2. Principal Place of Business

2a. Mailing Address

21 2025 Kelso Av 26 2025 Kelso Av.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Deltona, FL 28 Deltona FL

Zip

Country

Zip

Country

24 32725 25 Volusia 29 32725 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HINDS, MILBURN  
1859 E COOPER DR.  
DELTONA FL 32725

81 Name  
VERLAND W BELT (Treasurer)  
82 Street Address (P.O. Box Number is Not Acceptable)  
2025 Kelso Av  
83 -10/06/97--01170--015  
\*\*\*\*\*61.25 \*\*\*\*\*61.25  
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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9/17/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |    |                  |                   |                     |
|----------------|----|------------------|-------------------|---------------------|
| TITLE          | P  | WILSON, LEWIS H  | PO BOX 4088 N A   | ENTERPRISE FL 32725 |
| NAME           |    |                  |                   |                     |
| STREET ADDRESS |    |                  |                   |                     |
| CITY-ST-ZIP    |    |                  |                   |                     |
| TITLE          | D  | HWITNEY, WILLARD | 371 MAGNOLIA DR.  | DEBARY FL 32713     |
| NAME           |    |                  |                   |                     |
| STREET ADDRESS |    |                  |                   |                     |
| CITY-ST-ZIP    |    |                  |                   |                     |
| TITLE          | VP | EBERT, ARTHUR    | 960 DELTONA BLVD  | DELTONA FL          |
| NAME           |    |                  |                   |                     |
| STREET ADDRESS |    |                  |                   |                     |
| CITY-ST-ZIP    |    |                  |                   |                     |
| TITLE          | D  | BETHUNE, WILLIAM | 1270 BATON DR.    | DELTONA FL 32725    |
| NAME           |    |                  |                   |                     |
| STREET ADDRESS |    |                  |                   |                     |
| CITY-ST-ZIP    |    |                  |                   |                     |
| TITLE          | TD | BELT, VERLAND    | 2025 KELSO DR     | DELTONA FL          |
| NAME           |    |                  |                   |                     |
| STREET ADDRESS |    |                  |                   |                     |
| CITY-ST-ZIP    |    |                  |                   |                     |
| TITLE          | SD | HINDS, MILBURN   | 1859 E COOPER DR. | DELTONA FL 32725    |
| NAME           |    |                  |                   |                     |
| STREET ADDRESS |    |                  |                   |                     |
| CITY-ST-ZIP    |    |                  |                   |                     |

|                    |                   |        |          |
|--------------------|-------------------|--------|----------|
| 1.1 TITLE          | President         | Change | Addition |
| 1.2 NAME           | Nichols, Clayton  |        |          |
| 1.3 STREET ADDRESS | 507 Dade Ct.      |        |          |
| 1.4 CITY-ST-ZIP    | Deltona, FL 32725 |        |          |
| 2.1 TITLE          | D.                | Change | Addition |
| 2.2 NAME           | Whitney, Willard  |        |          |
| 2.3 STREET ADDRESS | 371 Magnolia Pl   |        |          |
| 2.4 CITY-ST-ZIP    | DeBary, FL        |        |          |
| 3.1 TITLE          | VP                | Change | Addition |
| 3.2 NAME           | Ebert, Arthur     |        |          |
| 3.3 STREET ADDRESS | 960 Deltona Blvd  |        |          |
| 3.4 CITY-ST-ZIP    | Deltona, FL 32725 |        |          |
| 4.1 TITLE          | VP                | Change | Addition |
| 4.2 NAME           | Herndon, William  |        |          |
| 4.3 STREET ADDRESS | 1898 Viking Ave   |        |          |
| 4.4 CITY-ST-ZIP    | Deltona, FL 32725 |        |          |
| 5.1 TITLE          | Treasurer         | Change | Addition |
| 5.2 NAME           | Verland W. Belt   |        |          |
| 5.3 STREET ADDRESS | 2025 Kelso Ave    |        |          |
| 5.4 CITY-ST-ZIP    | Deltona, FL 32725 |        |          |
| 6.1 TITLE          | See D             | Change | Addition |
| 6.2 NAME           | Buzton, Clark     |        |          |
| 6.3 STREET ADDRESS | 541 Antelope Dr.  |        |          |
| 6.4 CITY-ST-ZIP    | Deltona, FL 32725 |        |          |

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 REQUIRED

10/29/97

CR2E037 (4/97)