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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N10901** (9)

1. Corporation Name

DELTONA ALL-STATES SHRINE CLUB, INC.



Principal Place of Business	Mailing Address
2025 KELSO AVENUE DELTONA FL 32725 US	2025 KELSO AVENUE DELTONA FL 32725 US

3. Date Incorporated or Qualified

08/29/1985

4. FEI Number

23-7357856

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BELT, VERLAND W
2025 KELSO AVENUE
DELTONA FL 32725**

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

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 **P** ☐ DELETE

NAME **NICHOLS, CLIFFTON**
STREET ADDRESS **507 DADE CT**
CITY-ST-ZIP **DELTONA FL 32725**

TITLE **D** ☐ DELETE

NAME **HWITNEY, WILLARD**
STREET ADDRESS **371 MAGNOLIA DR.**
CITY-ST-ZIP **DEBARY FL**

TITLE **VP** ☐ DELETE

NAME **EBERT, ARTHUR**
STREET ADDRESS **980 DELTONA BLVD**
CITY-ST-ZIP **DELTONA FL 32725**

TITLE **VPD** ☐ DELETE

NAME **HERNDON, WILLIAM**
STREET ADDRESS **1898 VIKING AVE**
CITY-ST-ZIP **DELTONA FL 32725**

TITLE **TD** ☐ DELETE

NAME **BELT, VERLAND W**
STREET ADDRESS **2025 KELSO DR**
CITY-ST-ZIP **DELTONA FL 32725**

TITLE **SD** ☐ DELETE

NAME **CLARK, BUXTON**
STREET ADDRESS **541 ANTELOPE DR**
CITY-ST-ZIP **DELTONA FL 32725**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 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:

Verland W. Belt

Date

Signature

4/28/98

CR2E037 (10/97)