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**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90090 034 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N10901**

1. Corporation Name

**DELTONA ALL-STATES SHRINE CLUB, INC.**

Principal Place of Business

**2025 KELSO AVENUE  
DELTONA FL 32725  
US**

Mailing Address

**2025 KELSO AVENUE  
DELTONA FL 32725  
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

**08/29/1985**

4. FEI Number

**23-7357956**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

*Verland W. Belt*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/12/99**

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 **960 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 **P** ☒ Change ☐ Addition  
1.2 NAME **CLYDE CLEVELAND**  
1.3 STREET ADDRESS **2066 DALTON AVE.**  
1.4 CITY-ST-ZIP **DELTONA FL 32725**

2.1 TITLE **VP** ☒ Change ☐ Addition  
2.2 NAME **JACK NICHOLSON**  
2.3 STREET ADDRESS **227 KEPLER RD.**  
2.4 CITY-ST-ZIP **DELTONA FL 32722**

3.1 TITLE **OK** ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE **VP** ☒ Change ☐ Addition  
4.2 NAME **VIRGIL WILLIAMS**  
4.3 STREET ADDRESS **959 Holstead street**  
4.4 CITY-ST-ZIP **Deltona, FL 32738**

5.1 TITLE **OK** ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE **OK.** ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*Verland W. Belt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/12/99 904 789 4619**

Date

Daytime Phone #

CR2E037 (1/1/98)