NONPROFIT CORPORATION ANNUAL REPORT 1999 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS Apr 15, 1999 8:00 am Secretary of State 04-15-1999 90090 034 ****61.25 DOCUMENT # N10901 1. Corporation Name DELTONA ALL-STATES SHRINE CLUB, INC.	FILE NOW: FILING FEE IS \$61.25				FILED
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2025 KELSO AVENUE DELTONA FL 32725 83 44 City FL 85 45 City FL 85 46 City FL 85 2p Code 11 Pursuant to the provisions of Sections 617.0502 and 617.1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I amming with and accept the collapsions of peetic Statutes and of directors. Interby accept the agoointment as registered agent. I amming with and accept the collapsions of peetic Statutes. The above-named comporation submits this statement for the purpose of changing its registered agent. I amming with and accept the collapsions of peetic Statutes. The agooint agent					
DELTONA FL 32725 83 11. Pursuant to the provisions of Sections 617, 1508, Florida Statutes, the above-named corporation submits this statement for the pursues of changing its registered agen/Cr both, in the State of Florida, Such change was putules, the above-named corporation is board of directs. I hereby accept the spontiment as registered agen/Cr both, in the State of Florida, Such change was putules, the above-named corporation is board of directs. I hereby accept the spontiment as registered agen/Cr both, and accept the chipatons of Change was putules. Signature material familia, will, and accept the chipatons of Change was putules. #/ (12,024) Signature material familia, will, and accept the chipatons of Change was putules. #/ (12,024) Signature material familia, will, and accept the chipatons of Change was putules. #/ (12,024) Signature material familia, will, and accept the chipatons of Change was required water remained. #/ (12,024) Signature material familia, will, and accept the chipatons of Change was required water remained. #/ (12,024) Signature material familia, will, and accept the chipatons of Change was putules. #/ (12,024) Name Note CT 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 Time P DELTONA FL 32725 14000, Gr. 27.27.27.27.27.27.27.27.27.27.27.27.27.2					ddress (P.O. Box Number is Not Acceptable)
11. Pursuant to the providing of Sections 617 0502 and 617 1508, Florids Statutes, I where named corporation submits this statement for the pursuant to the pursuant to the information of 12 Ger Holds Statutes. FL	02				
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SIGNATURE The supervise of prevised of prevised and prevised	11. Pursuant office or i agent. I a	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the opliga	2 and 617.1508, Florida Statutes, th of Florida. Such change was author tions A, Section 617.0508, Florida S	ne above-named c ized by the corpor Statutes.	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
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NAME OLANN, BOXTON STREET ADDRESS 541 ANTELOPE DR CITY-ST-ZIP DELTONA FL 32725 14. 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		SD			Change Addition
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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 alluther like empowered.	14. hereby	certify that the information supplied wi			
	officer or Block 12	director of the corporation or the rece or Block 13 if changed, or on an attai	iver or trustee empowered to execu- iment with an address, with all ath	ite this report as n er like empowered	equired by Chapter 617, Florida Statutes; and that my name appears in