

**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 # N11234 (4)**

1. Corporation Name

**JUPITER SHRINE CLUB HOLDING CORPORATION**



Principal Place of Business

**732 KITTYHAWK WAY  
NORTH PALM BEACH FL 33408**

Mailing Address

**732 KITTYHAWK WAY  
NORTH PALM BEACH FL 33408**

3. Date Incorporated or Qualified  
**09/23/1985**

3a. Date of Last Report  
**03/23/1995**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number  
**51-0157536**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

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

**WHITE, ROBERT A. SEC.  
732 KITTYHAWK WAY  
NORTH PALM BEACH FL 33408**

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

*Robert A. White*

*Secretary-Treasurer*

**4/20/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FULLER, ROBERT	
STREET ADDRESS	4368 NICOLE CIR	
CITY - ST - ZIP	TEQUESTA FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	SHONE, FRANK	
STREET ADDRESS	833 CINNAMON RD.	
CITY - ST - ZIP	N. PALM BCH. FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WHITE, ROBERT	
STREET ADDRESS	732 KITTYHAWK WAY	
CITY - ST - ZIP	NORTH PALM BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DACHTLER, WILLIAM	
STREET ADDRESS	400 N. A1A #124	
CITY - ST - ZIP	JUPITER, FL 33458	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WINE, EDWIN	
STREET ADDRESS	431 JUPITER LAKES BLVD.	
CITY - ST - ZIP	JUPITER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PETERSON, PAUL	
STREET ADDRESS	175 MOCCASIN TRAIL	
CITY - ST - ZIP	JUPITER FL	

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SHONE, FRANK	
1.3 STREET ADDRESS	833 CINNAMON RD	
1.4 CITY - ST - ZIP	N. PALM BCH. FL 33408	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RICHARD WILKES	
2.3 STREET ADDRESS	1725 PLEASANT DR	
2.4 CITY - ST - ZIP	N. PALM BCH, FL 33408	
3.1 TITLE	S.T.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WHITE, ROBERT	
3.3 STREET ADDRESS	732 KITTYHAWK WAY	
3.4 CITY - ST - ZIP	N. PALM BCH, FL 33408	
4.1 TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FULLER, ROBERT	
4.3 STREET ADDRESS	4368 NICOLE CIR	
4.4 CITY - ST - ZIP	TEQUESTA, FL 33458	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert A. White*

**4/20/96**

Date

Daytime Phone #

**407-694-2315**

CR2E037 (12/95)