FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N11234

JUPITER SHRINE CLUB HOLDING CORPORATION

Fillicipal Flace of business								
732 KITTYHAWK WAY								
NORTH PALM BEACH FL 33408								

2. Principal Place of Business

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

732 KITTYHAWK WAY NORTH PALM BEACH FL 33408

FILED May 08, 1999 8:00 am § Secretary of State

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3. Date Incorporated or Qualifed

09/23/1985

4. FEI Number

Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number		Apr	blied For	
22		27		51-0157536		Not	Applicable_		
City & State		City & State		5. Certifcate of Status Desired		\$8.75 A Fee Re			
23 28			Country		A				
Zip	Country Zip			Country 6. Election Campaign Fin			\$5.00	·	
4 25 29 30									
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
				Name					
WHITE, ROBERT A. SEC.				82 Street Address (P.O. Box Number is Not Acceptable)					
732 KITTYHAWK WAY			83						
NORTH PALM BEACH FL 33408									
HOMMINIALIN BENOTITE GOTOG				City			85 Zip C	ode	
			84	-		FL	. -		
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		13.	signature require	ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12	
		DELETE	1.1 TITLE	100	PRSIDENT		Thange	Addition	
TITLE	110		1.2 NAME	Ä	MIHONY O'BRIEN	1	-	•	
NAME	FULLER, ROBERT				497 QUAIL MEADOW	w			
STREET ADDRESS	4368 NICOLE CIR		1.3 STREET	ADDRESS U	ST PALM BEARN, F	L 334	12		
CITY-ST-ZIP	JUPITER FL 33469			ZIP OV	ICE PRESIDENT	-	Change	Addition	
TITLE	VPD	☑ DELETE	2.1 TITLE	0	ICE PRESIDENT	7	[] Change	T Addition	
NAME	STONE, FRANK		2.2 NAME	""	302 13 TH TERRAC	E			
STREET ADDRESS	ess 833 CINNAMON RD			ADDRESS \	302 13 14 (0.33)	C F1.	33418	l	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		2.4 CITY-S	r-ZIP V1	tim BELCH GARDEN	3 1 -			
TITLE	STD	DELETE	3.1 TITLE	1			Change	Addition	
NAME:	WHITE, ROBERT		3.2 NAME						
STREET ADDRESS	732 KITTYHAWK WAY		3.3 STREET	ADDRESS					
CITY-ST-ZIP	NORTH PALM BEACH FL 33801		3.4. CITY-S	T-ZIP					
TITLE	D	☐ DELETE	4.1 TITLE				Change	Addition	
NAME	DACHTLER, WILLIAM		4. 2 NAME						
STREET ADDRESS	400 N A1A #124		4.3 STREET	ADDRESS			'		
CITY-ST-ZIP	JUPITER FL 33477		4.4 CITY-ST	-ZIP					
TITLE	D	☐ DELETE	5.1 TITLE				Change	Addition	
NAME	WINE, EDWIN		5.2 NAME						
STREET ADDRESS	431 JUPITER LAKES BLVD.		5.3 STREET	ADDRESS					
CITY-ST-ZIP	JUPITER FL 33468		5.4 CITY-S3	r-ZIP					
TITLE	D	☐ DELETE	6.1 TITLE	- 			Change	☐ Addition	
NAME	_	-	6.2 NAME					İ	
	PETERSON, PAUL		6.3 STREET	ADDRESS				!	
STREET ADDRESS	*** ****		6.4 CITY-ST	1					
CITY-ST-ZIP	Jupiter Fl. 33458		0.4 (111-31	- 4.11					

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 chapter 6, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Applied For