FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13656 (6)

1. Corporation Name

OLD SPANISH TRAIL SHRINE CLUB HOLDING CORPORATIO
N

Principal Place of Business	Mailing Address
468 N. MAIN STREET P. O. BOX 785 CRESTVIEW FL 32636	468 N. MAIN STREET P. O. BOX 785 CRESTVIEW FL 32636

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1986
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-1174237 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. The corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

WADE, CHARLES A.
PO BOX 785
CRESTVIEW FL 32536

468 N, MAIN ST.
CRESTVIEW, FL
32536

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P - D ☐ Change ☐ Addition
NAME	ADAMS, HUGH D.	12 NAME	BOUTWELL, Robert E.
STREET ADDRESS	HC 1 BOX 80 N A	13 STREET ADDRESS	105 E. 4TH AVE
CITY-ST-ZIP	HOLT FL	14 CITY-ST-ZIP	CRESTVIEW, FL
TITLE	V	21 TITLE	V - D ☐ Change ☐ Addition
NAME	BOUTWELL, ROBERT E.	22 NAME	CARROLL, JERRY L.
STREET ADDRESS	105 E. 4TH AVE	23 STREET ADDRESS	6123 BUCK WARD RD
CITY-ST-ZIP	CRESTVIEW FL	24 CITY-ST-ZIP	BAKER, FL
TITLE	S	31 TITLE	S - D ☐ Change ☐ Addition
NAME	CARROLL, JERRY L.	32 NAME	CARROLL, JERRY L.
STREET ADDRESS	6123 BUCK WARD RD	33 STREET ADDRESS	6123 BUXK WARD RD
CITY-ST-ZIP	BAKER FL	34 CITY-ST-ZIP	BAKER, FL
TITLE	T	41 TITLE	T - D ☐ Change ☐ Addition
NAME	RICHARDS, ROBERT M.	42 NAME	RICHARDS, ROBERT M.
STREET ADDRESS	P.O. BOX 327 N A	43 STREET ADDRESS	P. O. BOX 327 NA
CITY-ST-ZIP	HOLT FL	44 CITY-ST-ZIP	HOLT, FL
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 addition.

SIGNATURE: Robert E. Boutwell Robert E. Boutwell 2-14-95 (904) 682-5087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007 1000