

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N13656 (6)
1. Corporation Name
**OLD SPANISH TRAIL SHRINE CLUB HOLDING CORPORATIO
N**



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

Mailing Address
**468 N. MAIN STREET
P. O. BOX 785
CRESTVIEW FL 32636**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/03/1986		3a. Date of Last Report 05/01/1995	
21		26 P.O. Box 637		4. FEI Number 59-1174237		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23 City & State		28 Crestview FL/A		29 32536		30 USA	

9. Name and Address of Current Registered Agent WADE, CHARLES A. 468 N MAIN ST CRESTVIEW FL 32536				10. Name and Address of New Registered Agent			
81 Name Jerry Carroll				82 Street Address (P.O. Box Number is Not Acceptable) 6123 BUCKWARD RD.			
83				84 City Baker FL 85 Zip Code 32531			

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 **Jerry Carroll President** **Jerry Carroll** **3-12-96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOUTWELL, ROBERT E		1.2 NAME	CAROLL, JERRY			
STREET ADDRESS	105 E 4TH AVE		1.3 STREET ADDRESS	6123 BUCKWARD RD			
CITY-ST-ZIP	CRESTVIEW FL		1.4 CITY-ST-ZIP	BAKER, FL 32531			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAROLL, JERRY L		2.2 NAME	RICHARDS, ROBERT M.			
STREET ADDRESS	6123 BUCK WARD RD		2.3 STREET ADDRESS	P.O. BOX 327			
CITY-ST-ZIP	BAKER FL		2.4 CITY-ST-ZIP	HOLT, FL 32564			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARROLL, JERRY L.		3.2 NAME	KUPFER, RICHARD			
STREET ADDRESS	6123 BUCK WARD RD		3.3 STREET ADDRESS	114 KIPLING DR			
CITY-ST-ZIP	BAKER FL		3.4 CITY-ST-ZIP	CRESTVIEW, FL 32536			
TITLE	TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RICHARDS, ROBERT M.		4.2 NAME	CAWTHON, RAY			
STREET ADDRESS	P.O. BOX 327		4.3 STREET ADDRESS	515 SECOND AVE			
CITY-ST-ZIP	HOLT FL		4.4 CITY-ST-ZIP	HOLT, FL 32564			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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: **Jerry Carroll** **Jerry Carroll** **3/12/96** **904 537-5426**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)