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May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N13656** (6)

1. Corporation Name

OLD SPANISH TRAIL SHRINE CLUB HOLDING CORPORATION
N

Principal Place of Business

Mailing Address

~~400 N. MAIN STREET~~
~~P.O. BOX 783~~
~~CRESTVIEW FL 32636~~

Hwy 90 W.
Crestview Fla
32536

P.O. BOX 637
CRESTVIEW FL 32536-0637
US



3. Date Incorporated or Qualified
03/03/1986

3a. Date of Last Report
03/21/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

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

CARROLL, JERRY
6123 BUCKWARD ROAD
BAKER FL 32531

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 617.1506, 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 DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **CARROLL, JERRY**
STREET ADDRESS **6123 BUCKWARD ROAD**
CITY-ST-ZIP **BAKER FL**

1.1 TITLE **PD Donald Tillery** ☐ Change ☒ Addition
1.2 NAME **P.O. Box 272, 12300 Cooper Rd**
1.3 STREET ADDRESS **Holt, Fla.**
1.4 CITY-ST-ZIP **32564**

TITLE **VD** ☒ DELETE
NAME **RICHARDS, ROBERT M.**
STREET ADDRESS **P.O. BOX 327**
CITY-ST-ZIP **HOLT FL**

2.1 TITLE ~~Donald Tillery, Pres~~ ☐ Change ☒ Addition
2.2 NAME ~~P.O. Box 272,~~
2.3 STREET ADDRESS ~~Holt, Fla.~~
2.4 CITY-ST-ZIP ~~32564~~

TITLE **SD** ☐ DELETE
NAME **KUPFER, RICHARD**
STREET ADDRESS **114 KIPLING DRIVE**
CITY-ST-ZIP **CRESTVIEW FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **TD** ☒ DELETE
NAME **CAWTHON, RAY**
STREET ADDRESS **515 SECOND AVENUE**
CITY-ST-ZIP **HOLT FL**

4.1 TITLE **TD EARNST CARROLL, TRCH** ☐ Change ☒ Addition
4.2 NAME **6099 R 26th Rd, Crestview, FL**
4.3 STREET ADDRESS **P.O. Box 123, Crestview, Fla**
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 address.

CR2E037 (9/96)