

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 # N30627 (6)
1. Corporation Name
VERO BEACH SHRINE CLUB HOLDING CORPORATION



Principal Place of Business
**% W. W. ELAM
P.O. BOX 6449
VERO BEACH FL 32961**

Mailing Address
**% W. W. ELAM
P.O. BOX 6449
VERO BEACH FL 32961**

3. Date Incorporated or Qualified
02/10/1989

3a. Date of Last Report
02/06/1995

4. FEI Number
59-6179616

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. 189.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
**LAWRENCE, WILLIAM R.
800 COQUINA LN #101
VERO BEACH FL 32963**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	DAVENPORT, SR. W	DELETE
NAME			
STREET ADDRESS		463-21ST PLACE, S.E.	
CITY-ST-ZIP		VERO BEACH FL	
TITLE	VD	TURNAGE, J. BRUCE	<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS		740 8TH COURT	
CITY-ST-ZIP		VERO BEACH FL	
TITLE	PD	BISCO, WALTER L.	DELETE
NAME			
STREET ADDRESS		1860 COBIA	
CITY-ST-ZIP		VERO BEACH FL	
TITLE	T	LAWRENCE, WILLIAM R.	<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS		800 CONQUINE LANE #101	
CITY-ST-ZIP		VERO BEACH FL	
TITLE	S	MCDONALD, JOSEPH J.	<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS		72 ROYAL OAK CT., APT. 202	
CITY-ST-ZIP		VERO BEACH FL	
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	J. H. ABRAMS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS		1542 39TH AVE	
1.4 CITY-ST-ZIP		VERO BEACH FL 32960	
2.1 TITLE	PD	TURNAGE, J. BRUCE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS		740 8TH COURT	
2.4 CITY-ST-ZIP		VERO BEACH FL 32962	
3.1 TITLE	VD	DR RUSSELL B. BLOOM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS		246 23RD AVE	
3.4 CITY-ST-ZIP		VERO BEACH FL 32962	
4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
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: _____

R. LAWRENCE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96
Date

(407) 231-9708
Daytime Phone #

CR2E037 (12/95)