


FILE NOW: FILING FEE IS \$61.25

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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90124 003 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N30627					
1. Corporation Name VERO BEACH SHRINE CLUB HOLDING CORPORATION					
Principal Place of Business VERO BEACH SHRINE CLUB P.O. BOX 6449 VERO BEACH FL 32961 US			Mailing Address VERO BEACH SHRINE CLUB P.O. BOX 6449 VERO BEACH FL 32961 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/10/1989	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-6179616	
24 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BISCOE, WALTER 1860 COBIA DR. VERO BEACH FL 32960				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 617.1508, 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 DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	Robert D. Blomquist	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	UNRUE, VINCENT			1.2 NAME	170 24th Ave.	President	
STREET ADDRESS	47 WOOD LAND DR., #104			1.3 STREET ADDRESS	VERO BEACH, FL. 32962		
CITY-ST-ZIP	VERO BEACH FL			1.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	John M. Shaffer	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUTLER, WILLIAM M.	Director		2.2 NAME	466 Holly Rd.	Treasurer	
STREET ADDRESS	1845 ROBALO DR.			2.3 STREET ADDRESS	VERO BEACH, FL. 32963		
CITY-ST-ZIP	VERO BEACH FL 32960			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	Wm R. Lawrence	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLOMQUIST, ROBERT D.	President		3.2 NAME	800 Cogoina Ln #101	D	
STREET ADDRESS	170 24TH AVE.			3.3 STREET ADDRESS	VERO BEACH, FL. 32963		
CITY-ST-ZIP	VERO BEACH FL 32960			3.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE	Lee J. Falcon	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BISCOE, WALTER L.			4.2 NAME	P.O. Box 5121	D	
STREET ADDRESS	1860 COBIA DR.			4.3 STREET ADDRESS	VERO BEACH, FL. 32961		
CITY-ST-ZIP	VERO BEACH FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	Larry Raison	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TURNAGE, BRUCE J	1st. V.P. Warren Zumb III		5.2 NAME	706 Hibiscus Ln.	D	
STREET ADDRESS	10005 16TH PL	2359 De Soto Ave		5.3 STREET ADDRESS	VERO BEACH, FL. 32963		
CITY-ST-ZIP	VERO BEACH FL 32966	VERO BEACH, 32960		5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	Wm R. Russell	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVENPORT, WILLIAM W SR.			6.2 NAME	7300 20th St. #50	D	
STREET ADDRESS	463 21ST PLACE			6.3 STREET ADDRESS	VERO BEACH, FL. 32966		
CITY-ST-ZIP	VERO BEACH FL 32962			6.4 CITY-ST-ZIP			

14. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)