ANNUAL REPORT
1995

DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DOCUMENT # N32438** **(6)**

1. Corporation Name

**FLORIDA SHRINE BOWL ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 3800 ST. JOHN'S BLUFF ROAD<br>PO BOX 16039<br>JACKSONVILLE FL 32245-6039 | 3800 ST. JOHN'S BLUFF ROAD<br>PO BOX 16039<br>JACKSONVILLE FL 32245-6039 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/22/1989
3a. Date of Last Report: 03/11/1994
4. FEI Number: 59-0143435 ☐ 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

BRYANT, JOHN N.
1101 BLACKSTONE BLDG.
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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 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 | VD | 1.1 TITLE | President | ☐ Change ☒ Addition |
| NAME | VOLKMANN, TED E | 1.2 NAME | Charles E. Wilson | |
| STREET ADDRESS | 2715 SAM RD | 1.3 STREET ADDRESS | 1835 Dalamon Street | |
| CITY-ST-ZIP | JACKSONVILLE FL | 1.4 CITY-ST-ZIP | Jacksonville, FL 32211 | |
| TITLE | PD | 2.1 TITLE | Vice-President | ☒ Change ☐ Addition |
| NAME | SISTARE, JAMES B | 2.2 NAME | James B. Sistare | |
| STREET ADDRESS | 4674 EMPIRE AVE | 2.3 STREET ADDRESS | 4764 Empire Avenue | |
| CITY-ST-ZIP | FERNANDINA BCH FL | 2.4 CITY-ST-ZIP | Jacksonville, FL 32207 | |
| TITLE | D | 3.1 TITLE | Secretary | ☐ Change ☐ Addition |
| NAME | HARDY, JOHN M. | 3.2 NAME | John M. Hardy | |
| STREET ADDRESS | 1560 LE BARON AVE | 3.3 STREET ADDRESS | 1560 LeBaron Avenue | |
| CITY-ST-ZIP | JACKSONVILLE FL | 3.4 CITY-ST-ZIP | Jacksonville, FL 32207 | |
| TITLE | TD | 4.1 TITLE | Executive Director | ☒ Change ☐ Addition |
| NAME | DROUGHT, DONALD | 4.2 NAME | Victor H. Papa | |
| STREET ADDRESS | 2385 STONEBRIDGE DRIVE | 4.3 STREET ADDRESS | 31 Swimming Pen Drive | |
| CITY-ST-ZIP | JACKSONVILLE FL | 4.4 CITY-ST-ZIP | Doctors Inlet, FL 32068 | |
| TITLE | D | 5.1 TITLE | Director & Secretary | ☐ Change ☐ Addition |
| NAME | PAPA, VIC | 5.2 NAME | Jack A. Motley, Sr | ☒ |
| STREET ADDRESS | 31 SWIMMING PEN DR. | 5.3 STREET ADDRESS | 1369 Blackhawk Tr E | |
| CITY-ST-ZIP | DOCTORS INLET FL | 5.4 CITY-ST-ZIP | Jacksonville, FL 32225 | |
| TITLE | SD | 6.1 TITLE | Director & Treasurer | ☐ Change ☐ Addition |
| NAME | MOTLEY, JACK A SR | 6.2 NAME | Donald B. Drought | ☒ |
| STREET ADDRESS | 1369 BLACKHAWK TR E | 6.3 STREET ADDRESS | 2385 Stonebridge Drive | |
| CITY-ST-ZIP | JACKSONVILLE FL | 6.4 CITY-ST-ZIP | Orange Park, FL 32065 | |

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 address.

John M. Hardy Secretary

**SIGNATURE:** John M. Hardy 4/13/95 904-642-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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