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May 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N32438** (6)

1. Corporation Name

FLORIDA SHRINE BOWL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3800 ST. JOHN'S BLUFF ROAD
PO BOX 16039
JACKSONVILLE FL 32245-6039**

**3800 ST. JOHN'S BLUFF ROAD
PO BOX 16039
JACKSONVILLE FL 32245-6039**



3. Date Incorporated or Qualified
05/22/1989

3a. Date of Last Report
04/22/1996

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

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 ☐ DELETE
NAME **VP**
STREET ADDRESS **WILSON, CHARLES E**
CITY-ST-ZIP **1835 DALAMON STREET**
JACKSONVILLE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **VP**
STREET ADDRESS **SISTAREU, JAMES A**
CITY-ST-ZIP **4764 EMPIRE AVENUE**
JACKSONVILLE FL

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **PRESIDENT**
2.3 STREET ADDRESS **JAMES L SUBER**
2.4 CITY-ST-ZIP **32218**
2431 GAYLAND RD., JACKSONVILLE, FL

TITLE ☒ DELETE
NAME **T**
STREET ADDRESS **BLACKWELL, NORMAN R.**
CITY-ST-ZIP **5906 GREENHILL LANE**
JACKSONVILLE FL

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

TITLE ☐ DELETE
NAME **ED**
STREET ADDRESS **PAPA, VICTOR H**
CITY-ST-ZIP **31 SWIMMING PEN DRIVE**
DOCTORS INLET FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **DS**
STREET ADDRESS **MOTLEY, JACK A SR**
CITY-ST-ZIP **1369 BLACKHAWK TRAIL E.**
JACKSONVILLE FL

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

TITLE ☐ DELETE
NAME **DT**
STREET ADDRESS **DROUGHT, DONALD**
CITY-ST-ZIP **23845 STONEBRIDGE DRIVE**
ORANGE PARK FL

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)