2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N32438

Entity Name: FLORIDA SHRINE BOWL ASSOCIATION, INC.

Apr 16, 2003 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

3800 ST. JOHN'S BLUFF ROAD PO BOX 16039 JACKSONVILLE, FL 322456039

Current Mailing Address: New Mailing Address:

3800 ST. JOHN'S BLUFF ROAD PO BOX 16039 JACKSONVILLE, FL 322456039

FEI Number: 59-0143435 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GOODING, DAVID M DOSS, ARTHUR L 225 W WATER STREET 3800 ST. JOHNS BLUFF ROAD SOUTH

JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32224 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: A. L. DOSS 04/16/2003

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition THIGPEN, GARY THIGPEN, GARY Name: Name:

535 BALD EAGLE ROAD Address: 535 BALD EAGLE ROAD Address: City-St-Zip: ORANGE PARK, FL 32003 City-St-Zip: ORANGE PARK, FL 32003

Title: Title: SD (X) Change () Addition () Delete

Name: DOSS, ARTHUR L Name: DOSS, ARTHUR L Address: 6289 NANCY DRIVE Address: 6289 NANCY DRIVE City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: JACKSONVILLE, FL 32224

Title: () Delete Title: () Change () Addition

PAPA, VICTOR H Name: Name: 1570 LEBARON AVENUE Address: Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip:

Title: DS () Delete Title: () Change () Addition

Name: MOTLEY, JACK A SR Name: 1369 BLACKHAWK TRAIL E. Address: Address: City-St-Zip: JACKSONVILLE, FL City-St-Zip:

Title: DT () Delete Title: (X) Change () Addition

DROUGHT, DONALD PEARSON, VERNON B Name: Name:

7837 BAYMEADOWS CIR W 10275 ST. AUGUSTINE ROAD #804 Address: Address:

City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32257

Title: () Delete Title: (X) Change () Addition NEWTON, DAVID KOBLENTZ, LARRY L

Name: Name: Address: 1477 KATHLEEN WAY Address: 4505 SE 8TH STREET GREEN COVE SPRINGS, FL 32043 City-St-Zip: OCALA, FL 34471 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: A. L. DOSS S 04/16/2003