

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 # N39213 (6)

1. Corporation Name

DIXIE SHRINE CLUB HOLDING CORPORATION



Principal Place of Business

Mailing Address

U.S. 19 SUWANNEE GALDES GABLES
P.O. BOX 1300
OLD TOWN FL 32680

P.O. BOX 1300
OLD TOWN FL 32680

3. Date Incorporated or Qualified
07/10/1990

3a. Date of Last Report
04/03/1995

2. Principal Place of Business

2a. Mailing Address

21 #1 ALLEN LN.

26 PO BOX 959

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 JENA, FL

28 STEINHATCHEE, FL

Zip

Country

Zip

Country

24 32359

25 DIXIE

29 32359

30 DIXIE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HURST, JAMES

U.S. 19 SUWANNEE GALDES GABLES
OLD TOWN FL 32680

81 Name

HOWELL, DONALD E.

82 Street Address (P.O. Box Number is Not Acceptable)

#1 ALLEN LN.

83

84 City

JENA

FL

85 Zip Code

32359

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

DONALD E. HOWELL, TS

Donald E Howell

2-6-96

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 TP
NAME GREEN, LEE BILL
STREET ADDRESS SPILLER'S GRADE 349 N
CITY-ST-ZIP OLD TOWN FL 32680

11 TITLE TP
12 NAME SMITH, CECIL
13 STREET ADDRESS SUWANNEE GARDENS
14 CITY-ST-ZIP OLD TOWN, FL 32680

TITLE TV
NAME JOHNSON, JAMES
STREET ADDRESS COUNTY ROAD 358
CITY-ST-ZIP JENA FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE TV
NAME SMITH, CECIL
STREET ADDRESS SUWANNEE GARDENS
CITY-ST-ZIP OLD TOWN FL 32680

31 TITLE TV
32 NAME BALLARD, H-LEE
33 STREET ADDRESS HIGHWAY 351 N.
34 CITY-ST-ZIP CROSS CITY, FL 32628

TITLE TT
NAME LACKEY, JAMES
STREET ADDRESS HIGHWAY 349 N.
CITY-ST-ZIP OLD TOWN FL 32680

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE T
NAME TYRE, RALPH C.
STREET ADDRESS COUNTY ROAD 55A
CITY-ST-ZIP OLD TOWN FL 32680

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE TS
NAME HURST, JAMES E.
STREET ADDRESS U.S. 19 SUWANNEE GALDES
CITY-ST-ZIP OLD TOWN FL 32680

61 TITLE TS
62 NAME HOWELL, DONALD E.
63 STREET ADDRESS ALLEN LN
64 CITY-ST-ZIP JENA FL 32359

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: DONALD E. HOWELL, TS Donald E Howell 2-6-96 352 4985660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)