

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N39230

1. Entity Name
FORT WALTON BEACH FAIRGROUNDS SHRINE
ASSOCIATION, INC.



Principal Place of Business
1958 LEWIS TURNER BLVD.
FT. WALTON BCH., FL 32547

Mailing Address
1958 LEWIS TURNER BLVD.
FT. WALTON BCH., FL 32547

DO NOT WRITE IN THIS SPACE

APPROVED
AND
FILED
05 MAR 21 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03162005 No Chg-NP

CR2E037 (10/03)

MRS

4. FEI Number
23-7397197

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIGDON, C.H., JR.
9 BAY DR.
FT. WALTON BCH., FL 32548

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

*1/25/05 90029.004
\$61.25*

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIGDON, C.H., JR. 9 BAY DR. FT. WALTON BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIGDON, CHARLES W PO BOX 1238 DESTIN, FL 32540
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKS, WILLIAM CLAYTON 231 CHATEAUGAY DR. FT. WALTON BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, CLYDE 108 ELDREDGE RD. FORT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 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 #

Mar 16 05