

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90146 041 ****70.00

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIGDON, C.H., JR. 9 BAY DR. FT. WALTON BCH. FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIGDON, CHARLES W PO BOX 1238 DESTIN FL 32540	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKS, WILLIAM CLAYTON 231 CHATEAUGAY DR. FT. WALTON BCH. FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOORAS, THEODORE 735 REVERE AVE. FT. WALTON BCH. FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, EDESEL P O BOX 534 CRESTVIEW FL	☒ Deleted
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (10/02)

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] **CH RIGDON JR 2/21/03 850862P21**