FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

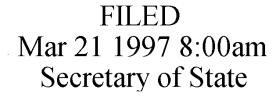
1997
DOCUMENT # NS

N96000003189 (5)

FLORIDA SHRINE ASSOCIATION CONVENTION CORPORATION, 1999, INC.

Principal Place of Business

Mailing Address





600 NORTH E SARASOTA F	BENEVA ROAD L 34237	600 NORTH BENEVA ROAD SARASOTA FL 34232-1316								
						3. Date incorporated or Qualified 06/13/1996	3a. Da	ate of Last F	Report	
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number		T AI	pplied For	
21		26	26			65-0681629		N.	ot Applicable	
Suite, Ap	t. #, elc	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Sta	ate	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees	
7 _(p)	7:p Country Z:p Country 2:p 30			Florida Statutes			or intangible tax under s. 199.032,			
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Re	gistered	Agent		
				61	Name					
WILLIAMS, JOHN L 6200 SOUTH TAMIAMI TRAIL				82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)			
SARASOTA FL 34231			Ì	83						
			Ì	ì	City	,	FL	. 1 1	Code	
11. Pursuar office or agent 1	of to the provisions of Sections 617.05 registered agent, or both, in the Stat am familiar with, and accept the obli	02 and 617.1508, Florida Statute of Florida Such change was gations of, Section 617.0503, F	ites, the ab authorized lorida Stati	bove by tutes.	named corp the corporati	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of the app	changing i ointment as	its registered registered	
SIGNATURE	Styrature type diox printed name of registered a				-1:		DATE			
12.		OFFI AND DIRECTORS	13.	Agen	signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFFICE		DIRECTO	BS IN 12	
1:ILE	1 0	DELETE	1,1 7/1	1.F		7.55710.10701.71101.01.10	72.107.44	Change	Addition	
NAME	TAYLOR, LESTER G		1.2 NA		}					
STREET ADDRESS	THE CAME ANALONE BOILE	:			IDDRESS					
CHTY - ST - ZIP			1	14 CITY-ST-ZIP						
TITLE	D	DELETE	2.1 717					Change	Addition	
NAME	GLENDINNING, RUSSELL B		2 2 NA	ME						
STREET ADDRESS	****	,	2.3 ST	REET A	ADDRESS					
CITY - ST - ZIP	SARASOTA FL 34232		2 4 01	TY-ST	r-zip					
TrILE	D	DELETE	3.1 7/1					Change	Addition	
NAME	PENDER, MICHAEL R JR.		32 NA	ME	į	•				
STREET ADDRESS			3.3 \$7	REET A	IDDRESS					
CITY-ST-ZIP	SARASOTA FL 34236		3 4. Ci	TY-ST	r-ZIP					
TITLE	D	DELETE	4.1 Tij	LE				Change	Addition	
NAME	WILLIAMS, JOHN L		4. 2 N/	4ME	Ì					
STREET ADDRESS		JL.	4.3 ST	REET A	ADDRESS					
CITY -ST-ZIP	SARASOTA FL 34231		4.4 Cil	Y- ST	~ZiP				<u> </u>	
TITLE	D	☐ DELETE	5.1 TIT	LE				☐ Change	☐ Addition	
NAME	BURKE, CHARLIE H		5.2 NA	ME	j					
STREET ADDRESS			5.3 \$1	REET A	ADDRESS					
CITY-ST-ZIP	SARASOTA FL		5.4 CIT	Y-ST	-ZIP					
TITLE	D	DELETE	6.1 T(T	LE				Change	Addition	
NAME	TOALE, CURTIS H		6.2 NA	ME	1					
STREET ADDRESS	Common Contract to Physical Service		6.3 \$1	REET A	ADDRESS	•				
CITY-ST-ZIP	SARASOTA FL 34239		64 CH	IY-ST	-ZiP					
14 Ldo hor	sebu cortily that the information	ind with this filing dose not gua	lity for the	oven	nntion etated	Lin Section 119 07(3)(i) Florida Statute	e I furthe	r certify that	t the	

4. I do hereby certify that the information of uplied 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 copier 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 oriector of the origonation or the ecciver or true ere provided by the execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 15 of chapter 6, or or an attachable which a address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/97

941-366-2983

Daytime Phone # 0062942