



2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90055 048 ***150.00

DOCUMENT # S57398			
1. Entity Name WALTON COUNTY SHRINE CLUB HOLDING COMPANY, INC.			
Principal Place of Business WALTON CO. SHRINE CLUB HOLDING CO., I 47 DR ROBERTS DR DEFUNIAK SPRINGS FL 32433 US <i>*ROBERTS DR</i>		Mailing Address <i>47</i> DR. ROBERTS DR DEFUNIAK SPRINGS FL 32433 <i>*47 - NOT 4T</i>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3073778		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JOHNSON, DAVID R CPA 501 W NELSON AVE NICEVILLE FL 32578		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 <i>JERRY L. BROADWAY</i> <i>Jerry L. Broadway</i> 3 Feb 04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROADWAY, JEFFERY 568 HARBOUR RD. DEFUNIAK SPRINGS FL 32433	 Mr. Jerry L. Broadway 564 Harbuck Rd. Defuniak Springs FL 32433 <i>*Correct address*</i> <i>Phone: 850-951-4887</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BELL, WILLIAM V 372 BELL RD. DEFUNIAK SPRINGS FL 32433	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAKER, JOSEPH'S 4594 STATE HWY 83 DEFUNIAK SPRINGS FL 32433	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEADLEY- CAMPBELL, WILLIAM A 941 WALTON BRIDGE RD PONCE DE LEON FL 32455	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, ROBERT R 585 COUNTRY CLUB DR. DEFUNIAK SPRINGS FL 32433	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGRAM, BOB K PO BOX 1017 DE FUNKIAK SPRINGS FL 32435	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 607, 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: *JERRY L. BROADWAY* *Jerry L. Broadway* 3 Feb 04-850-951-4887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #