2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# 720424

Entity Name: SAHIB SHRINERS HOLDING CORPORATION

Current Principal Place of Business:

600 N BENEVA ROAD
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

600 N BENEVA ROAD
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 13-4208671 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BATTEN, WILLIAM W
600 N BENEVA RD
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	VOS, DON	
Address:	4488 HIGHLANDS PARK	
City-St-Zip:	SARASOTA, FL 34235	
Title:	D	( ) Delete
Name:	LABELL, DALE B	
Address:	11315 RIVERS BLUFF CR.	
City-St-Zip:	BRADENTON, FL 34202	
Title:	D	( ) Delete
Name:	MITCHELL, JOHN	
Address:	5545 DOLANHAM MEADOW	
City-St-Zip:	SARASOTA, FL 34235	
Title:	D	( ) Delete
Name:	BATTEN, WILLIAM W	
Address:	600 N. BENEVA ROAD	
City-St-Zip:	SARASOTA, FL 342321316	
Title:	D	( ) Delete
Name:	MILLAWAY, TOM	
Address:	2702 DAL HART AVE	
City-St-Zip:	NORTH PORT, FL 34286	
Title:	TD	( ) Delete
Name:	CLOUTIER, OSCAR	
Address:	6702 STONE RIVER RD	
City-St-Zip:	BRADENTON, FL 34203	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	WILLIAM, ZURLO	
Address:	600 N BENEVA RD	
City-St-Zip:	SARASOTA, FL 34232	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM W. BATTEN D 03/19/2009

Electronic Signature of Signing Officer or Director — Date