

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90181 026 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N98000000177

1. Corporation Name

SHRINE OF THE MASTER, INC.

617516-90013-50

Principal Place of Business

Mailing Address

2717 BROWNING STREET
 SARASOTA FL 34237

2717 BROWNING STREET
 SARASOTA FL 34237



2. Principal Place of Business

21 **2710 Browning St**

Suite, Apt. #, etc.

City & State

23 **SARASOTA, FL**

Zip Country

24 **34237** 25 **USA**

2a. Mailing Address

26 **2710 Browning St**

Suite, Apt. #, etc.

City & State

28 **SARASOTA, FL**

Zip Country

29 **34237** 30 **USA**

3. Date Incorporated or Qualified

01/12/1998

4. FEI Number

65-0501429

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

COURTNEY, THOMAS R
2710 BROWNING STREET
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name **SPENCER ROUSE**

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

2714 BAY STREET

83

84 City **SARASOTA**

FL

85 Zip Code

34237

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **SPENCER ROUSE, PRESIDENT/DIRECTOR** *Spencer Rouse* DATE **9/1/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when amending)

12. OFFICERS AND DIRECTORS

TITLE **D** DELETE
 NAME **BENNETT, ELDON R**
 STREET ADDRESS **6121 NICHOLE DRIVE**
 CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **D** DELETE
 NAME **COURTNEY, THOMAS R**
 STREET ADDRESS **1650 PINELLAS POINT DRIVE S**
 CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE **D** DELETE
 NAME **ROUSE, SPENCER**
 STREET ADDRESS **2740 BROWNING STREET**
 CITY-ST-ZIP **SARASOTA FL 34237**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **TR/D** Change Addition
 1.2 NAME **Eldon Bennett**
 1.3 STREET ADDRESS **2673 BROWNING STREET**
 1.4 CITY-ST-ZIP **SARASOTA, FL 34237**

2.1 TITLE **TR/D** Change Addition
 2.2 NAME **JACK BARROWS**
 2.3 STREET ADDRESS **5209 FAR OAK CIRCLE**
 2.4 CITY-ST-ZIP **SARASOTA, FL 34241**

3.1 TITLE **P/D** Change Addition
 3.2 NAME **SPENCER ROUSE**
 3.3 STREET ADDRESS **2714 BAY STREET**
 3.4 CITY-ST-ZIP **SARASOTA, FL 34237**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 annual report 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SPENCER ROUSE, PRESIDENT/DIRECTOR** *Spencer Rouse* DATE **9/1/99** (941) 362-3174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0008857
 CR2E037 (5/99)