2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N98000000177

FILED Feb 24, 2009 Secretary of State

Entity Name: SHRINE OF THE MASTER, INC.

Current Principal Place of Business: New Principal Place of Business:

2710 BROWNING ST. 2710 BROWNING ST.

SARASOTA, FL 34237 SARASOTA, FL 34237 US

Current Mailing Address: New Mailing Address:

P.O. BOX 51959 2710 BROWNING ST.

SARASOTA, FL 34232 SARASOTA, FL 34237 US

FEI Number: 65-0501429 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GRACYZK, ELAINE NEWMAN, THOMAS REV 4002 BARRY WAY C/O 2710 BROWNING ST

SARASOTA, FL 34232 US SARASOTA, FL 34237

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: REV. THOMAS NEWMAN 02/24/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition GRACZYK, ELAINE Name: CURTIN, KATHLEEN Name:

4002 BARRY WAY Address: 1557 OAK VIEW DR Address: City-St-Zip: SARASOTA, FL 34232 City-St-Zip: SARASOTA, FL 34232 US

Title: () Delete Title: (X) Change () Addition

JORDAN, KAREN Name: DUDLEY, TIMOTHY REV. Name: Address: 2136 HYDE PARK CIRCLE Address: 5316 ANGELES AVE City-St-Zip: SARASOTA, FL 34239 City-St-Zip: SARASOTA, FL 34235 US

Title: () Delete Title: **TRUS** (X) Change () Addition

BERNER, DOROTHY BENNETT, DON Name: Name: 3508 COPPENHAGEN STREET Address: Address: 225 5TH AVE NE #27

City-St-Zip: SARASOTA, FL 34234 City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: () Delete Title: TRU (X) Change () Addition

Name: MOORE, ANDRIA Name: NEWMAN, RICK 2424 WEBBER STREET Address: Address: 429 MEADOW LARK DR

SARASOTA, FL 34239 City-St-Zip: City-St-Zip: SARASOTA, FL 34236 US

Title: () Delete Title: (X) Change () Addition WALLACE, JEAN Name: Name: FLORIO, ALEX

3539 PRADO DRIVE 1015 FRACESCA CT Address: Address: SARASOTA, FL 34239 City-St-Zip:

City-St-Zip: PUNTA GORDA, FL 33950 US

Title: () Delete Title: (X) Change () Addition MACLEOD, CAROL MULDER, LYN Name: Name: Address: 8750 MIDNIGTH PASS RD 600C

4494 DEL SOL BLVD. S. Address: SARASOTA, FL 34243 SARASOTA, FL 34242 US City-St-Zip: 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: KATHLEEN CURTIN **PRES** 02/24/2009