

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90125 028 ****61.25

90018573



CHECK HERE IF MAKING CHANGES

DOCUMENT # N98000000177

1. Entity Name
SHRINE OF THE MASTER, INC.

Principal Place of Business
**2710 BROWNING ST.
SARASOTA FL 34237**

Mailing Address
**2710 BROWNING ST.
SARASOTA FL 34237**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **65-0501429**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DESCHAMPS, SUZY
324 CYPRESS LAKE DRIVE
SARASOTA FL 34237**

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 *Suzy Deschamps* *Suzanne Deschamps* *2-1-03*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input type="checkbox"/> Delete DESCHAMPS, SUZY 324 CYPRESS LAKE DR SARASOTA FL 34237	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V	<input type="checkbox"/> Delete WAYNE, MIKE 2500 SAULSTAN SARASOTA FL 34237	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S	<input type="checkbox"/> Delete RIGGS, JOETTE 4478 ELEVATHERA ST SARASOTA FL 34233	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	<input type="checkbox"/> Delete TOOLE, JIM 413 N BRIGGS AVE #506 SARASOTA FL 34237	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD	<input checked="" type="checkbox"/> Delete PUPKE, FRED 4652 MACEACHEN BLVD SARASOTA FL 34233	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TRUSTEE SUSAN ZIRPOLI 2717 BROWNING STREET SARASOTA, FL 34237
TITLE TD	<input type="checkbox"/> Delete MUELLER, RAINY 6722 PASCO CASTILLE SARASOTA FL 34238	TITLE <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 617, 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: *Suzanne Deschamps* *Suzanne Deschamps* *2-1-03*
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/02)