


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90063 050 \*\*\*\*61.25

<b>DOCUMENT # 710203</b>	
1. Entity Name LAKELAND SHRINE CLUB HOLDING CORPORATION, INC.	

Principal Place of Business 125 W BRANNEN ROAD LAKELAND, FL 33813-2706 US	Mailing Address POST OFFICE BOX #5244 LAKELAND, FL 33807-5244 US
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40029773



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01182007 Chg-NP CR2E037 (12/06)

4. FEI Number 23-7081982	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		7. Name and Address of New Registered Agent	
DERK, RICHARD M. 1555 WILLIAMSBURG SQ. LAKELAND, FL 33803		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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee Is \$61.25 Due by May 1, 2007**

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	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIXON, RANDALL			NAME			
STREET ADDRESS	2413 SPRING WAY DR			STREET ADDRESS			
CITY-ST-ZIP	AVON PARK, FL 33825			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TALBOT, GRANT			NAME			
STREET ADDRESS	87 LAKE POINT DRIVE			STREET ADDRESS			
CITY-ST-ZIP	MULBERRY, FL 33860			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DILLARD, WINFORD			NAME			
STREET ADDRESS	1629 BOWMANS TRAIL			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND, FL 33809			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DERK, RICHARD M.			NAME			
STREET ADDRESS	1555 WILLIAMSBURG SQ.			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND, FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THONEBE, TOM			NAME			
STREET ADDRESS	4444 US 98 N			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND, FL 33809			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DARCH, EDWARD			NAME			
STREET ADDRESS	331 KEN AVE.			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND, FL 33815			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Richard M. Derk *Richard M. Derk* TREASURER 3/2/07 867  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #