


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 8:00 am**  
**Secretary of State**

01-25-2008 90021 022 \*\*\*\*61.25

**DOCUMENT # 710203**

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**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip Country Zip Country



01102008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**23-7081982**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2008**

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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DIXON, RANDALL			NAME	PATRICK BARNETT		
STREET ADDRESS	2413 SPRING WAY DR			STREET ADDRESS	1339 Big CYPRESS BLVD		
CITY-ST-ZIP	AVON PARK, FL 33825			CITY-ST-ZIP	LAKELAND FL 33810		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TALBOT, GRANT			NAME	MICHAEL D. WAGNER		
STREET ADDRESS	87 LAKE POINT DRIVE			STREET ADDRESS	1061 ASHTEN WOODS LN		
CITY-ST-ZIP	MULBERRY, FL 33860			CITY-ST-ZIP	LAKELAND FL 33813		
TITLE	PD	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DILLARD, WINFORD			NAME	WINFORD DILLARD		
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 WILLIAMBURG 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 checked="" 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 Derk Tres* **RICHARD DERK TRES** 1/23/08 863-646-0722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #