

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711883

FILED
Jan 21, 2004
Secretary of State

Entity Name: DELAND SHRINE CLUB HOLDING CORPORATION, INC.

Current Principal Place of Business:

CLARA AVE # 15A
PO BOX 222
DELAND, FL 327217222

New Principal Place of Business:

Current Mailing Address:

CLARA AVE # 15A
PO BOX 222
DELAND, FL 327217222

New Mailing Address:

FEI Number: 59-6135883 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAINEN, DANIEL
206 N WOODLAND BLVD
DELAND, FL 32720 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: LARSON, LLOYD
Address: 951 W OAKWOOD DR
City-St-Zip: ORANGE CITY, FL 32763

Title: DV () Delete
Name: HOUSEND, JAMES
Address: 1556 LAKESIDE DR
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: MOUNT, HENRY
Address: 1158 S COOPER STREET
City-St-Zip: DELTONA, FL 32725

Title: D () Delete
Name: NEIL, SAMUEL
Address: 113 N. FAIRFAX AVE
City-St-Zip: DELAND, FL 32724

Title: P () Delete
Name: GAINEN, DANIEL
Address: 206 N. WOODLAND BLVD
City-St-Zip: DELAND, FL 32720

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change () Addition
Name: NESMITH, QUINTON
Address: 2251 HOONTON ROAD
City-St-Zip: DELAND, FL 32720

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: CROY, WALTER
Address: 986 SYLVIA DRIVE
City-St-Zip: DELTONA, FL 32725

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DANIEL GAINEN

P

01/21/2004

Electronic Signature of Signing Officer or Director

Date