

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90259 029 ****61.25

DOCUMENT # 714144

1. Entity Name

SANFORD SHRINE BUILDING ASSOCIATION



Principal Place of Business

**104 LEE STREET
SANDORD FL 32771
US**

Mailing Address

**605 RED SAIL LANE
ATLAMONTE SPRINGS FL 32701**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WHIGHAM, FRANK C
200 W. FIRST ST.
SUITE 22
SANFORD FL 32771**

7. Name and Address of New Registered Agent

Name **WHIGHAM, FRANK C.**

Street Address (P.O. Box Number is Not Acceptable)

**1001 HEATHROW PARKWAY LANE
SUITE # 4001**

City **LAKE MARY**

FL

Zip Code **32746**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

TITLE **D** ☐ Delete
NAME **KEETH, ALLAN**
STREET ADDRESS **205 CRYSTAL VIEW S**
CITY-ST-ZIP **SANFORD FL 32772**

TITLE **PD** ☐ Delete
NAME **CHRISTENSEN, M.D.**
STREET ADDRESS **605 RED SAIL LANE**
CITY-ST-ZIP **ALTAMONTE SPRGS FL**

TITLE **SD** ☐ Delete
NAME **JONES, JOHN P**
STREET ADDRESS **2852 GAIL PLACE**
CITY-ST-ZIP **SANFORD FL 32772**

TITLE **D** ☐ Delete
NAME **ROBERSON, CLAUDE N**
STREET ADDRESS **2965 BAILEY AVE**
CITY-ST-ZIP **SANFORD FL 32773**

TITLE **D** ☐ Delete
NAME **NEWELL, ROBERT E**
STREET ADDRESS **304 FOREST AVE.**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE **D** ☐ Delete
NAME **FIELDS, KENNETH Q**
STREET ADDRESS **100 BUSH BLVD**
CITY-ST-ZIP **SANFORD FL 32772**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **MYRON CHRISTENSEN** *Myron D. Christensen* **3/15/06 (407) 834-3791**