2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 714144



1. Entity Nar	RD SHRINE BUILDING ASSO		Secretary of State						
Principal Place of Business		Mailing Address							
104 LEE STREET SANDORD FL 32771 US		605 RED SAIL LANE ATLAMONTE SPRINGS FL 32701							
2. Principal Placo of Business - No P.O. Box #		3. Mailing Address					}		
Suito, Apt. #, otc.		Suite, Apt. #, etc.			 1st MC	OORE C	R2E037 (10/06)		
City & Stato		City & Stato			4. FEI Number	NO-T APPLIC		oplied For	
Zip	Country	Zip	Zip Country		5. Certificate of Si		S8.75 Add	ditional	
	6. Name and Address of Current	Registered Agent			7. Name and Add	Iress of New Reg			
				Name					
WHIGHAM, FRANK C 1001 HEATHROW PKWY LANE SUITE 4001				Street Address (P.O. Box Number is Not Acceptable)					
LAI	KE MARY FL 32746			City			FL Zip Code		
5 TI 1	e named entity submits this statement for						·		
SIGNATURE	Signature, typed or priviled name of registered agen	9. Election	Campaign		\$5.00 May Be		DATE Check Payable		
	Due By May 1, 2007	Trust Fu	Trust Fund Contribution.			Added to Fees Florida Department of State			
10.	OFFICERS AND D	RECTORS	11	4	ADDITIONS/CHANG	ES TO OFFICERS	AND DIRECTORS IN	l 10	
100.	D	☐ Dolote	DI	11		•	🗀 Change	Addition	
NAME	KEETH, ALLAN		NΛ	MI.		U00000712	2401 045-009 61.2		
STREET ADDRESS	200 011.011.2 11211.0			RELADORESS Y-SI-7IP	04	/26/07-800	045-009 61.2	15	
CITY-SI-7IP	SANFORD FL 32772						—		
TITLE NAME	PD CHRISTENSEN, M.D.	Delele	III NA				☐ Change	Addition Addition	
STRFET ADDRESS	-	,		REET ADORESS					
CITY - S1 - ZIP	ALTAMONTE SPRGS FL			Y-ST-71P					
TRILE	SD	· ~ 🗀 Delēlē	m	ıī "			☐ Change	Addition	
NAME	JONES, JOHN P		NA.						
STREET ADDRESS	ZOOL GIVIL I LIVOL			REEL ADORESS				•	
CITY - SI - ZIP	SANFORD FL 32772			Y-S1-7IP					
THTUE NAME	D DODEDSON OF WINE VI	☐ Delele	. 111 - NA				☐ Change	Addition	
STREET ADDRESS	ROBERSON, CLAUDE N 2965 BAILEY AVE			MI BLET ADDRESS					
CITY-S1-ZIP	SANFORD FL 32773			Y-S1-7IP					
TITLE	D	☐ Delete	10	ı£			☐ Change	Addition	
NAME	NEWELL, ROBERT E		NΛ				"		
STREET ADDRESS	1		SI	NECT ADDRESS					
CITY-SI-7P	ALTAMONTE SPRINGS FL		CIT	Y-S1-ZIP					
title Nam e .	D FIELDS, KENNETH Q	☐ Delete	TII NA	l.			Change	☐ Addition	

12. I hereby cortify 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 eath; 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 practices, with all other like empoyed.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS 100 BUSH BLVD

SANFORD FL 32772

SIGNATURE: MYRON D. CHRISTENSEN

4/11/07

HO7) 834-3791