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

FILED Apr 24, 2008 08:00 AN Secretary of State

\Box	1	CI	I٨	/EI	VT	#.	71	41	4	4

1. Entity Name

SANFORD SHRINE BUILDING ASSOCIATION



Principal Place of Business

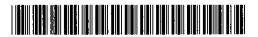
Mailing Address

104 LEE STREET SANDORD, FL 32771 US

605 RED SAIL LANE

DO NOT WRITE IN THIS SPACE

ATLAMONTE SPRINGS, FL 32701



02212008 No Chg-NP

CR2E037 (4/06)

4. FEI Number NOT 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 1001 HEATHROW PKWY LANE **SUITE 4001** LAKE MARY, FL 32746

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the ions of registered agent.	purpose of changing its registere	d office or re	egistered agent, or bot	th, in the State of Florida. I am familiar with, and acc	ept	
SIGNATURE.							
	Signature, typed or printed name of registered agent and title	e if applicable (NOTE: Registered	Agent signature	DATE			
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRE	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEETH, ALLAN 205 CRYSTAL VIEW S SANFORD, FL 32772				U00000920365 05/14/08-80041-010 61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHRISTENSEN, M.D. 605 RED SAIL LANE ALTAMONTE SPRGS, FL					,	
TITLE NAME STREET ADDRESS CITY - ST-ZIP	SD JONES, JOHN P 2852 GAIL PLACE SANFORD, FL 32772			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERSON, CLAUDE N 2965 BAILEY AVE SANFORD, FL 32773			IN ⁻	THIS SPACE		
NAME STREET ADDRESS CHY-SI-ZIP	D NEWELL, ROBERT E 304 FOREST AVE. ALTAMONTE SPRINGS, FL			: 1			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FIELDS, KENNETH Q 100 BUSH BLVD SANFORD, FL 32772						

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 people as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackprophylin an address, with all each propheror.

PRESIDENT