

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

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

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**



02212008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

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 _____

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KEETH, ALLAN
STREET ADDRESS	205 CRYSTAL VIEW S
CITY - ST - ZIP	SANFORD, FL 32772
TITLE	PD
NAME	CHRISTENSEN, M.D.
STREET ADDRESS	605 RED SAIL LANE
CITY - ST - ZIP	ALTAMONTE SPRGS, FL
TITLE	SD
NAME	JONES, JOHN P
STREET ADDRESS	2852 GAIL PLACE
CITY - ST - ZIP	SANFORD, FL 32772
TITLE	D
NAME	ROBERSON, CLAUDE N
STREET ADDRESS	2965 BAILEY AVE
CITY - ST - ZIP	SANFORD, FL 32773
TITLE	D
NAME	NEWELL, ROBERT E
STREET ADDRESS	304 FOREST AVE.
CITY - ST - ZIP	ALTAMONTE SPRINGS, FL
TITLE	D
NAME	FIELDS, KENNETH Q
STREET ADDRESS	100 BUSH BLVD
CITY - ST - ZIP	SANFORD, FL 32772

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05/14/08-80041-010 61.25

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IN THIS SPACE**

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 amendments.

SIGNATURE: MYRON D. CHRISTENSEN, PRESIDENT 4/22/08 (407) 834-3791

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #