2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# 714144

Entity Name: SANFORD SHRINE BUILDING ASSOCIATION

Current Principal Place of Business:

104 LEE STREET
SANDORD, FL 32771 US

New Principal Place of Business:

Current Mailing Address:

605 RED SAIL LANE
ATLAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHIGHAM, FRANK C
1001 HEATHROW PKWY LANE
SUITE 4001
LAKE MARY, FL 32746 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:	D	( ) Delete
Name:	KEETH, ALLAN	
Address:	205 CRYSTAL VIEW S	
City-St-Zip:	SANFORD, FL 32772	
Title:	PD	( ) Delete
Name:	CHRISTENSEN, M.D.	
Address:	605 RED SAIL LANE	
City-St-Zip:	ALTAMONTE SPRGS, FL	
Title:	SD	( ) Delete
Name:	JONES, JOHN P	
Address:	2852 GAIL PLACE	
City-St-Zip:	SANFORD, FL 32772	
Title:	D	( ) Delete
Name:	ROBERSON, CLAUDE N	
Address:	2965 BAILEY AVE	
City-St-Zip:	SANFORD, FL 32773	
Title:	D	( ) Delete
Name:	NEWELL, ROBERT E	
Address:	304 FOREST AVE.	
City-St-Zip:	ALTAMONTE SPRINGS, FL	
Title:	D	( ) Delete
Name:	FIELDS, KENNETH Q	
Address:	100 BUSH BLVD	
City-St-Zip:	SANFORD, FL 32772	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MYRON CHRISTENSEN P 04/06/2009
Electronic Signature of Signing Officer or Director — Date