2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#714144

FILED Apr 06, 2009 Secretary of State

Entity Name: SANFORD SHRINE BUILDING ASSOCIATION

Surrent F	Principal Place of Business:	New Principal Place	of Business:	
104 LEE S SANDOR	STREET D, FL 32771 US			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
	SAIL LANE NTE SPRINGS, FL 32701			
FEI Number	: FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and	d Address of Current Registered Agent:	Name and Address	of New Registered Agent:	
1001 HEA SUITE 400 _AKE MAI The above	RY, FL 32746 US e named entity submits this statement for the pu	urpose of changing its registere	ed office or registered agent, or both,	
	e of Florida.			
SIGNATU	Electronic Signature of Registered Age	nt	 Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Fitle: Name: Address: City-St-Zip:	D () Delete KEETH, ALLAN 205 CRYSTAL VIEW S SANFORD, FL 32772	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address:	PD () Delete CHRISTENSEN, M.D. 605 RED SAIL LANE	Title: Name: Address:	() Change () Addition	
	ALTAMONTE SPRGS, FL	City-St-Zip:		
City-St-Zip: Fitle: Name: Address:			() Change () Addition	
City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: City-St-Zip:	ALTAMONTE SPRGS, FL SD () Delete JONES, JOHN P 2852 GAIL PLACE	City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	
Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	ALTAMONTE SPRGS, FL SD () Delete JONES, JOHN P 2852 GAIL PLACE SANFORD, FL 32772 D () Delete ROBERSON, CLAUDE N 2965 BAILEY AVE	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:		

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