

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714144

FILED
Apr 14, 2010
Secretary of State

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
Name: KEETH, ALLAN
Address: 205 CRYSTAL VIEW S
City-St-Zip: SANFORD, FL 32772

Title: PD
Name: CHRISTENSEN, M.D.
Address: 605 RED SAIL LANE
City-St-Zip: ALTAMONTE SPRGS, FL

Title: D
Name: JONES, JOHN P
Address: 2852 GAIL PLACE
City-St-Zip: SANFORD, FL 32772

Title: SD
Name: SUBER, HOWARD W
Address: 8200 VIA HERMOSA ST.
City-St-Zip: SANFORD, FL 32771

Title: D
Name: SPANGLER, WALDO A
Address: 1907 S. MAGNOLIA AVE.
City-St-Zip: SANFORD, FL 32771

Title: D
Name: FIELDS, KENNETH Q
Address: 100 BUSH BLVD
City-St-Zip: SANFORD, FL 32772

I hereby 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 all other like empowered.

SIGNATURE: MYRON CHRISTENSEN

PD

04/14/2010

Electronic Signature of Signing Officer or Director

Date