2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State
01-17-2006 90228 021 ****70.00

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1. Entity Name
ST. LUCIE COUNTY SHRINE CLUB HOLDING CORPORATION

Principal Place of Business	Mailing Address
4600 OLEANDER AVENUE FORT PIERCE, FL 34982 US	PO BOX 851 FT. PIERCE, FL 34954 US

01052006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 23-7536507 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAIN, WILLIAM H.
769 SW ARUBA BAY
Pt. St. Lucie FL 34986

7. Name and Address of New Registered Agent

Name Main, William H.
Street Address (P.O. Box Number Also Acceptable) 769 sw Aruba Bay
City Pt. St. Lucie FL Zip Code 34986

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 William H. Main WILLIAM H MAIN 1-12-06
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, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MCGINNIS, LARRY L 787 N.E. GALILEAN ST. PORT ST. LUCIE, FL 34983	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Lussier, Robert VP 721 SE Evergreen Terr. Pt.St. Lusie, FL 34983	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VANDERMANTEN, CHARLES W 2366 SE RAINER RD. PORT ST. LUCIE, FL 34952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vandermosten, Charles W 2366 SE Rainier Rd. Pt.St. Lucie, FL 34952	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NASTER, LEE A 1910 OKEECHOBEE RD. FORT PIERCE, FL 34959	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BROWN, MELVIN 2595 S.E. GRAND AVE. PORT ST. LUCIE, FL 34952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, CHARLES P.O. BOX 12208 FORT PIERCE, FL 34979	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Todero, Robert J. 2462 SE Meadwood Ct. Pt.St. Lucie, FL 34952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONRAD, FRANK 5950 GLADES CATOFF RD. FT. PIERCE, FL 34981	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 empowered.

SIGNATURE: Robert J. Todero Secy. Robert J. Todero, Sec' 772-465-6758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #