

**2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Nov 06, 2006  
Secretary of State**

DOCUMENT# 715532

**Entity Name:** ST. LUCIE COUNTY SHRINE CLUB HOLDING CORPORATION**Current Principal Place of Business:**4600 OLEANDER AVENUE  
FORT PIERCE, FL 34982 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 851  
FT. PIERCE, FL 34954 US**New Mailing Address:**4600 OLEANDER AVENUE  
FT. PIERCE, FL 34982 US

FEI Number: 23-7536507

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**MAIN, WILLIAM H  
769 SW ARUBA BAY  
PORT SAINT LUCIE, FL 34986 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: VJP ( ) Delete  
Name: LUSSIER, ROBERT  
Address: 721 SE EVERGREEN TERR  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D ( ) Delete  
Name: VANDERMOSTEN, CHARLES W  
Address: 2366 SE RAINIER RD.  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: D ( ) Delete  
Name: NASTER, LEE A  
Address: 1910 OKEECHOBEE RD.  
City-St-Zip: FORT PIERCE, FL 34959

Title: VP ( ) Delete  
Name: BROWN, MELVIN  
Address: 2595 S.E. GRAND AVE.  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: S ( ) Delete  
Name: TODERO, ROBERT J  
Address: 2462 SE KEADWOOD CT  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D ( ) Delete  
Name: CONRAD, FRANK  
Address: 5950 GLADES CATOFF RD.  
City-St-Zip: FT. PIERCE, FL 34981

**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 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: WILLIAM H. MAIN

PRES

11/06/2006

Electronic Signature of Signing Officer or Director

Date