

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715532

FILED
Jan 14, 2008
Secretary of State

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:

4600 OLEANDER AVENUE
FT. PIERCE, FL 34982 US

New Mailing Address:

FEI Number: 23-7536507 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALGIN, ALEC A T
1721A MARINERS COVE
FORT PIERCE, FL 34950 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 RAINER RD.
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VP () Delete
Name: NASTER, LEO A
Address: 232 MANGROVE BAY PLACE
City-St-Zip: FORT PIERCE, FL 34982

Title: T () Delete
Name: ALGIN, ALEC A
Address: 1721A MARINERS COVE
City-St-Zip: FORT PIERCE, FL 34950

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: VJP (X) Change () Addition
Name: CARR, E.B.
Address: 614 SOUTHEAST 26TH. DRIVE
City-St-Zip: OKEECHOBEE, FL 34974

Title: D (X) Change () Addition
Name: COAN, RICHARD H
Address: 26 QUINTANA ROO LANE
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VP (X) Change () Addition
Name: FRANK, CONRAD
Address: 5950 GLADES CUTOFF ROAD
City-St-Zip: FORT PIERCE, FL 34981

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

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

Title: P (X) Change () Addition
Name: BAGARA, SALVATORE
Address: 326 NORTHEAST GENESEE AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34983

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: FRANK CONRAD

VP

01/14/2008

Electronic Signature of Signing Officer or Director

_____ Date