

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 718587

FILED
Nov 05, 2009
Secretary of State

Entity Name: ST. AUGUSTINE SHRINE CLUB ASSOCIATION, INC.

Current Principal Place of Business:

BRAINARD ROAD AT MOULTRIE CREEK
P.O. BOX 311
ST. AUGUSTINE, FL 32085

New Principal Place of Business:

BRAINARD ROAD AT MOULTRIE CREEK
P.O. 311
ST. AUGUSTINE, FL 32085

Current Mailing Address:

BRAINARD ROAD AT MOULTRIE CREEK
P.O. BOX 311
ST. AUGUSTINE, FL 32085

New Mailing Address:

BRAINARD ROAD AT MOULTRIE CREEK
P.O. 311
ST. AUGUSTINE, FL 32085

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, WALTER
630 QUEEN RD
SAINT AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

HIERS, ED
880B FAVER DYKES RD
SAINT AUGUSTINE, FL 32086 US

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: ED HIERS

11/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: G () Delete
Name: SOMMERER, GEORGE
Address: 2760 N. SCREECH OWL AVE.
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VD () Delete
Name: WOLF, RALF
Address: 224 BILBAO
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: STD () Delete
Name: DICK, AMES
Address: 202 PHOENETIA DR.
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VD () Delete
Name: ZYGMONT, JOE
Address: 262 CERVANTES AVENUE
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: D () Delete
Name: SMITH, FRANK
Address: 63 QUEEN RD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete
Name: STEADMAN, HALVER A
Address: 39 MAGNOLIA DRIVE
City-St-Zip: ST AUGUSTINE, FL 32080

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
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Address:
City-St-Zip:

Title: () Change () Addition
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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 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: RALPH WOLFE

PRES

11/05/2009

Electronic Signature of Signing Officer or Director

Date