

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 09, 2005 8:00 am
Secretary of State

08-09-2005 90001 005 ****61.25

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1. Entity Name

CITRUS SHRINE CLUB HOLDING CORPORATION, INC.



Principal Place of Business

CITRUS SHRINE CLUB
468 N. WOODSLAKE AVE.
INVERNESS FL 34465
US

Mailing Address

CITRUS SHRINE CLUB
P.O. BOX 1551
INVERNESS FL 34451-1551
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/04)

4. FEI Number

23-7429411

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

OWEN, ROBERT H
4400 N ELKCAM BLVD
BEVERLY HILLS FL 34465

7. Name and Address of New Registered Agent

Name RAYMOND, WALLACE H.

Street Address (P.O. Box Number is Not Acceptable)

10279 S. SAND CREEK TERRACE

INVERNESS,

City

FL

Zip Code

34452

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 WALLACE H. RAYMOND

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

8/03/05

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

TITLE PT ☒ Delete
NAME ISHAM, BOB
STREET ADDRESS 9785 E BLAIR CT
CITY-ST-ZIP INVERNESS FL 34453

TITLE 1VT ☒ Delete
NAME TREE, HERBERT
STREET ADDRESS 11125 SW 106TH PL 566
CITY-ST-ZIP DUNNELLON FL 34432

TITLE TT ☒ Delete
NAME WISCHMEIER, ROGER
STREET ADDRESS 4398 E LOUISIANA LN
CITY-ST-ZIP HERNANDO FL 34442

TITLE ST ☒ Delete
NAME OWEN, ROBERT H
STREET ADDRESS 4400 N. ELKCAM BLVD
CITY-ST-ZIP BEVERLY HILLS FL 34465

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME SMITH, GLENN L.
STREET ADDRESS P.O. Box 544
CITY-ST-ZIP FLORAL CITY, FL 34436

TITLE ☐ Change ☒ Addition
NAME JAILLETTE, HAROLD
STREET ADDRESS 1019 TURNER CAMP RD
CITY-ST-ZIP INVERNESS, FL 34453

TITLE ☐ Change ☒ Addition
NAME WALLEN, RALPH W.
STREET ADDRESS 10054 HERNANDO RIDGE RD
CITY-ST-ZIP WEEKI WACHEE, FL 34613

TITLE ☐ Change ☒ Addition
NAME RAYMOND, WALLACE H.
STREET ADDRESS 10279 S. SAND CREEK TERRACE
CITY-ST-ZIP INVERNESS, FL 34452

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: WALLACE H. RAYMOND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/03/05 (352) 860-2385

Date

Daytime Phone #