

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734637

FILED
Jan 09, 2009
Secretary of State

Entity Name: CITRUS SHRINE CLUB HOLDING CORPORATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

CITRUS SHRINE CLUB
P.O. BOX 1551
INVERNESS, FL 344511551 US

New Mailing Address:

FEI Number: 23-7429411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMMER, C.A.
165 W. HERNDON STREET
HERNANDO, FL 34442 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: PT () Delete
Name: TOMPKINS, KENDALL R
Address: 3868 N. EVERLASTIN DR.
City-St-Zip: BEVERLY HILLS, FL 34465

Title: 1SVP () Delete
Name: HATTON, RON
Address: 2201 E. CAMBRIDGE LANE
City-St-Zip: INVERNESS, FL 34453

Title: TTST () Delete
Name: HAMMER, C.A.
Address: 165 W. HERNDON STREET
City-St-Zip: HERNANDO, FL 34442

Title: COD () Delete
Name: OWEN, ROBERT H
Address: 4400 N. ELKCAM BLVD
City-St-Zip: BEVERLY HILLS, FL 34465

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: WALLEN, RALPH W
Address: 10054 HERNANDO RIDGE ROAD
City-St-Zip: WEEKI WACHEE, FL 34613

Title: 1SVP (X) Change () Addition
Name: SCHONS, HARRY
Address: 3305 N CARL G ROSE HWY
City-St-Zip: HERNANDO, FL 34442

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

Title: COD (X) Change () Addition
Name: GATCHELL, DANIEL E
Address: 10721 DREW BRYANT CIRCLE
City-St-Zip: FLORAL CITY, FL 34436

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: C.A.HAMMER

TTST

01/09/2009

Electronic Signature of Signing Officer or Director

Date