


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 765680	
1. Entity Name BASS CAPITAL SHRINE CLUB HOLDING CORPORATION	

Principal Place of Business SHRINE CLUB ROAD P.O. BOX 241 CRESCENT CITY, FL 32112	Mailing Address P.O. BOX 241 CRESCENT CITY, FL 32112
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DO NOT WRITE IN THIS SPACE



04292004 No Chg-NP CP2E037 (10/03)

4. FEI Number 59-2201964	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LORD, ERNEST
339 BUFFALO RD
SATSUMA, FL 32189**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000153151
05/04/04-80116-013 70.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PRINGLE, ROBERT 1915 WESTOVER DR PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LORD, ERNEST STAR RT 1, BOX 642R SATASUAM, FL 32189
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ROFFLER, REX 149 WATERWAY AVE SAN MATEO, FL 32187
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **4-29-04 386 325 3388**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #