


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

FILED
Sep 02, 2005 8:00 am
Secretary of State

09-02-2005 90013 030 ****61.25

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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2. Principal Place of Business 112 SHRINE CLUB RD.	3. Mailing Address PO BOX 241
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LAKE COMO	City & State CRESCENT CITY FL
Zip 32157	Country USA

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	
7. Name and Address of New Registered Agent Name ERNEST LORD Street Address (P.O. Box Number is Not Acceptable) 339 BUFFALO RD. SATSUMA City SATSUMA FL 32189	

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	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW: FEE IS \$61.25 Due By September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRINGLE, ROBERT 1915 WESTOVER DR PALATKA FL 32177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LORD, ERNEST STAR RT 1, BOX 642R SATSUMA FL 32189 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROFFLER, REX 149 WATERWAY AVE SAN MATEO FL 32187 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REX E. ROFFLER	8-30-05 386-325-3388
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