


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90062 032 \*\*\*\*61.25

<b>DOCUMENT # N00000002567</b> 1. Entity Name <b>PERRY SHRINE CLUB HOLDING CORPORATION</b>					
Principal Place of Business <b>3338 SULLIVAN ROAD</b> <b>PERRY, FL 32327</b>			Mailing Address <b>PO BOX 1076</b> <b>PERRY, FL 32348</b>		
2. Principal Place of Business <b>1050 Courtney Rd</b>		3. Mailing Address  			
Suite, Apt. #, etc.  		Suite, Apt. #, etc.  			
City & State <b>Perry FL</b>		City & State  		4. FEI Number <b>59-3643230</b>	
Zip <b>32347</b>		Country <b>Taylor</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ROWELL, IVAN W</b> <b>3338 SULLIVAN ROAD</b> <b>PERRY, FL 32327</b>			7. Name and Address of New Registered Agent Name <b>Ivan W Rowell</b> Street Address (P.O. Box Number is Not Acceptable) <b>3338 Sullivan Rd</b> City <b>Perry FL</b> Zip Code <b>32348</b>		
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 <u><i>Ivan W. Rowell</i></u> DATE <u><i>1/17/04</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>CARLTON, SAMUEL P</b> <b>PO BOX 1076</b> <b>PERRY, FL 32348</b> <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	T <b>WACHA, DONALD</b> <b>PO BOX 1076</b> <b>PERRY, FL 32348</b> <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	T <b>WALKER, CHARLES J</b> <b>PO BOX 1076</b> <b>PERRY, FL 32348</b> <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	T <b>TOWLES, MARTIN A</b> <b>PO BOX 1076</b> <b>PERRY, FL 32348</b> <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	VP <b>TOWLES, JIM</b> <b>3288 FOLEY CUTOFF RD.</b> <b>PERRY, FL 32348</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Towles, Jim</b> <b>3288 Foley Cutoff Rd</b> <b>Perry FL 32348</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>HUNTER, SAMMY</b> <b>102 MILLER DR.</b> <b>PERRY, FL 32347</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Trustee</b> <b>Hunter, Sammy</b> <b>102 Miller Dr.</b> <b>Perry, FL 32347</b> <input checked="" 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: <u><i>James E. Towles</i></u> <b>JAMES E. TOWLES</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/22/04 850 838 3488 <small>Date Daytime Phone #</small>		