

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90066 045 ****61.25

DOCUMENT # N00000002567																										
1. Entity Name PERRY SHRINE CLUB HOLDING CORPORATION																										
Principal Place of Business 1050 COURTNEY RD PERRY, FL 32347			Mailing Address PO BOX 1076 PERRY, FL 32348																							
2. Principal Place of Business - No P.O. Box # 1050 Courtney Rd.		3. Mailing Address P.O. Box 1076																								
Suite, Apt. #, etc.		Suite, Apt. #, etc.																								
City & State PERRY FL		City & State PERRY FL		4. FEI Number 59-3643230																						
Zip 32347		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																						
6. Name and Address of Current Registered Agent TOWLES, MARTIN A 14551 BEACH RD PERRY, FL 32348		7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name JAMES E. Towles</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable) 3288 Foley Cut-off Rd.</td> </tr> <tr> <td style="padding: 2px;">City PERRY</td> <td style="padding: 2px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">State FL</td> <td style="padding: 2px;">Zip Code 32348</td> </tr> </table> </td> </tr> </table>				Name JAMES E. Towles		Street Address (P.O. Box Number is Not Acceptable) 3288 Foley Cut-off Rd.		City PERRY	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">State FL</td> <td style="padding: 2px;">Zip Code 32348</td> </tr> </table>	State FL	Zip Code 32348													
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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. <table style="width:100%;"> <tr> <td style="width:30%; vertical-align: bottom;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </td> <td style="width:30%; vertical-align: bottom; text-align: center;"> J.E. Towles <small>(NOTE: Registered Agent signature required when reinstating)</small> </td> <td style="width:40%; vertical-align: bottom; text-align: right;"> 1/9/08 <small>DATE</small> </td> </tr> </table>						SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>	J.E. Towles <small>(NOTE: Registered Agent signature required when reinstating)</small>	1/9/08 <small>DATE</small>																		
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Make check payable to Florida Department of State																										
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																							
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.																										
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