

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002567

FILED
Jan 08, 2009
Secretary of State

Entity Name: PERRY SHRINE CLUB HOLDING CORPORATION

Current Principal Place of Business:

1050 COURTNEY RD
PERRY, FL 32347

New Principal Place of Business:

Current Mailing Address:

PO BOX 1076
PERRY, FL 32348

New Mailing Address:

FEI Number: 59-3643230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOWLES, JAMES E
3288 FOLEY CUT-OFF RD
PERRY, FL 32348 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: S () Delete
Name: TOWLES, JAMES E
Address: 3288 FOLEY CUT-OFF RD
City-St-Zip: PERRY, FL 32348

Title: T () Delete
Name: WACHA, DONALD
Address: PO BOX 1076
City-St-Zip: PERRY, FL 32348

Title: T () Delete
Name: WALKER, CHARLES J
Address: PO BOX 1076
City-St-Zip: PERRY, FL 32348

Title: P () Delete
Name: LEE, JAMES H
Address: 8849 HWY. 19 S.
City-St-Zip: PERRY, FL 32348

Title: VP () Delete
Name: CONE, FRANKLIN D
Address: 2048 GAS PLANT RD.
City-St-Zip: PERRY, FL 32347

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S/T (X) Change () Addition
Name: TOWLES, JAMES E
Address: 3288 FOLEY CUT-OFF RD
City-St-Zip: PERRY, FL 32348

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

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

Title: T (X) Change () Addition
Name: LEE, JAMES H
Address: 8849 HWY. 19 S.
City-St-Zip: PERRY, FL 32348

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

Title: P () Change (X) Addition
Name: YAKIN, ROBERT
Address: 2036 PADLOCK PLACE
City-St-Zip: TALLAHASSEE, FL 32303

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: J. E. TOWLES

SEC.

01/08/2009

Electronic Signature of Signing Officer or Director

Date