

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90050 029 \*\*\*\*61.25

<b>DOCUMENT # N05000000883</b> 1. Entity Name <b>WEST VOLUSIA SHRINE CLUB HOLDING CORPORATION, INC.</b>					
Principal Place of Business <b>272 W. ST RD. 15 A DELAND, FL 32720</b>			Mailing Address <b>P.O. BOX 222 DELAND, FL 32724</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-0727004</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>LANNING, PAUL M 2828 CONCORD RD DELAND, FL 32720</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</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	P HOOK, ARTHUR 1093 TORCHWOOD DR DELAND, FL 32724	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAURICE WINSOR 980 SYLVIA DR DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAININ, DANIEL 327 SOUTH FLORIDA AVE DELAND, FL 32720	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VICTOR B. GRIFFIN 612 ORANGE TREE DR. ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUSSELL-TUTTY, EDWARD 13 WISTERRA DR DEBARY, FL 32713	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLIFTON NICHOLS 507 OADE CT. DELTONA, FL 32725-8733
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LANNING, PAUL 2828 CONCORD RD DELAND, FL 32720	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRANK SCHROEDER 114 CHESTNUT LAKE LAKE HELEN, FL 32744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAUL M. LANNING 2828 CONCORD RD. DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
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.					
<b>SIGNATURE:</b> <i>Paul M. Lanning</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				01-14-08 <span style="float: right;">386 740 7209</span> <small>Date Daytime Phone #</small>	