2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007
Secretary of State

DOCUMENT# N05000005387

Entity Name: HOMESTEAD SHRINE CLUB OF MAHI SHRINERS, INC.

Current Principal Place of Business:

43 NW 2ND STREET
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

43 NW 2ND STREET
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BIRD, GARY L
12314 S.W. 254TH TERR
PRINCETON, FL 33032 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:	BIRD, GARY L	
Address:	12314 S.W 254TH TERR	
City-St-Zip:	PRINCETON, FL 33032	
Title:	T	( ) Delete
Name:	ROYSTER, SAMUEL B	
Address:	14840 NARANJA LKS BLVD C4K	
City-St-Zip:	NARANJA, FL 33032	
Title:	P	( ) Delete
Name:	HAMKER, LEONARD	
Address:	94 NE 18TH ST	
City-St-Zip:	HOMESTEAD, FL 33030	
Title:	D	( ) Delete
Name:	HOBBS, BENSON	
Address:	18760 SW 248TH ST	
City-St-Zip:	HOMESTEAD, FL 330344532 US	
Title:	D	( ) Delete
Name:	BRESSY, ANTHONY	
Address:	34562 SW 187 PL	
City-St-Zip:	HOMESTEAD, FL 330344532	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	WARD, CHARLES C	
Address:	16341 SW 272 TERR	
City-St-Zip:	HOMESTEAD, FL 33031	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	( ) Change (X) Addition
Name:	MCNAMARA, MARK	
Address:	23705 S.W. 153RD CT	
City-St-Zip:	MIAMI, FL 33032	

I hereby certify that the information supplied with this filing does not qualify for the 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: GARY L. BIRD S 02/23/2007

Electronic Signature of Signing Officer or Director — Date