

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005387

FILED  
Jan 22, 2008  
Secretary of State

**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 (X)**

**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:                      WARD, CHARLES C  
Address:                      16341 SW 272 TERR  
City-St-Zip:                      HOMESTEAD, FL 33031

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:                      VP                      ( ) Delete  
Name:                      MCNAMARA, MARK  
Address:                      23705 S.W. 153RD CT  
City-St-Zip:                      MIAMI, FL 33032

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title:                      D                      (X) Change ( ) Addition  
Name:                      WARD, CHARLES C  
Address:                      16341 SW 272 TERR  
City-St-Zip:                      HOMESTEAD, FL 33031

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

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

Title:                      P                      (X) Change ( ) 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 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

01/22/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date