


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90138 035 ****61.25

DOCUMENT # N07201 1. Entity Name WINTER HAVEN SHRINE CLUB HOLDING CORPORATION					
Principal Place of Business C/O JOHN W. PARSONS PO BOX 851 WINTER HAVEN, FL 33882-0851 US				Mailing Address PO BOX 851 WINTER HAVEN, FL 33882-0851 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3280102	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KENT, KENNETH 111 WGTO TOWER ROAD POLK CITY, FL 33868				Name John W.A. PARSONS Street Address (P.O. Box Number is Not Acceptable) 4800 N. Lynchburg Rd. 5/10 City WINTER HAVEN FL Zip Code 33881	
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 <i>John W.A. Parsons</i> Treasurer 4/19/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARSONS, JOHN W		NAME		
STREET ADDRESS	3305 TOWEROVERLOOK DR.		STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES, FL 338597890		CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BESSER, NICHOLAS E		NAME		
STREET ADDRESS	738 CANBERRA RD		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENT, KENNETH		NAME		
STREET ADDRESS	111 WGTO TOWER ROAD		STREET ADDRESS		
CITY-ST-ZIP	POLK CITY, FL 33868		CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARDNER, JAMES T		NAME		
STREET ADDRESS	332 BAY STREET		STREET ADDRESS		
CITY-ST-ZIP	AUBURNDAL, FL 33823		CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENNETT, ROY S		NAME	Blank - person moved out of state recently	
STREET ADDRESS	2731 AVE T NW		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAY, HUGH B		NAME		
STREET ADDRESS	422 HARBOR VIEW DR.		STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY, FL 33844		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
SIGNATURE: <i>John W.A. Parsons</i> John W.A. PARSONS 4/19/05 - 8636791905 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					