2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010027

FILED Feb 19, 2009 Secretary of State

Entity Name: CAIRO COURT NO. 97, LADIES ORIENTAL SHRINE OF NORTH AMERICA, INC.

Current Principal Place of Business: New Principal Place of Business: 6736 LUM DRIVE ZEPHYRHILLS, FL 33542 **Current Mailing Address: New Mailing Address:** 6736 LUM DRIVE ZEPHYRHILLS, FL 33542 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KALLGREN, SYLVIA S 6736 LUM DRIVE ZEPHYRHILLS, FL 33542 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition JEFFRIES, ROBERTA S CRUM, FRANCES Name: Name: 6243 EAGLES NEST DRIVE Address: 6149 RED FEATHER DRIVE Address: City-St-Zip: ZEPHYRHILLS, FL 33542 City-St-Zip: ZEPHYRHILLS, FL 33542 Title: () Delete Title: (X) Change () Addition CRUM, FRANCES GRONDIN, J. BEVERLY Name: Name: Address: 6149 RED FEATHER DRIVE Address: 6201 RED FEATHER DRIVE City-St-Zip: ZEPHYRHILLS, FL 33542 City-St-Zip: ZEPHYRHILLS, FL 33542 Title: () Delete Title: (X) Change () Addition GRONDIN, J. BEVERLY PILLOW, SHIRLEY Name: Name: 6050 JESSUP DRIVE 35935 TANDA CIRCLE Address: Address: City-St-Zip: ZEPHYRHILLS, FL 33540 City-St-Zip: ZEPHYRHILLS, FL 33541 Title: () Delete Title: () Change () Addition Name: KALLGREN, SYLVIA S Name: 6736 LUM DRIVE Address: Address: City-St-Zip: ZEPHYRHILLS, FL 33542 City-St-Zip: Title: () Delete Title: () Change () Addition WHIDDEN, RUTH Name: Name: 37816 GRANADA AVENUE Address: Address: City-St-Zip: ZEPHYRHILLS, FL 33541 City-St-Zip:

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: RUTH WHIDDEN TREA 02/19/2009