

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90089 001 ****61.25

DOCUMENT # N08624

1. Entity Name

HERNANDO SHRINE CLUB HOLDING CORPORATION



Principal Place of Business

13400 MONTOUR ST
BROOKSVILLE FL 34613
US

Mailing Address

13400 MONTOUR ST
BROOKSVILLE FL 34613
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

59-2248664

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSTON, DARRYL W
29 S BROOKSVILLE AVE
BROOKSVILLE FL 34601

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | BERNARD, ROBERT | |
| STREET ADDRESS | 5986 DOUNRAY LOOP | |
| CITY-ST-ZIP | CRYSTAL RIVER FL 34429 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | ROS, JOHN | |
| STREET ADDRESS | 10253 HEATHCLIFF ST | |
| CITY-ST-ZIP | SPRING HILL FL 34609 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | MORGAN, WILLIAM A JR | |
| STREET ADDRESS | 3917 BUTLER BLVD. | |
| CITY-ST-ZIP | BROOKSVILLE FL 34613 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | BASEHORE, FRED E | |
| STREET ADDRESS | 9235 BUTLER BLVD | |
| CITY-ST-ZIP | BROOKSVILLE FL 34613 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | COTTON, LAWRENCE | |
| STREET ADDRESS | 2380 DUSTIN CIR | |
| CITY-ST-ZIP | SPRING HILL FL 34608 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PORTER, DALE | |
| STREET ADDRESS | 11405 SANHILL AVE | |
| CITY-ST-ZIP | SPRING HILL FL 34608 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BERNARD, ROBERT | |
| STREET ADDRESS | 5986 DOUNERAY LOOP | |
| CITY-ST-ZIP | CRYSTAL RIVER FL 34429 | |
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PORTER, DALE | |
| STREET ADDRESS | 11405 SAND HILL AVE. | |
| CITY-ST-ZIP | SPRING HILL FL 34608 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 9317 BUTLER BLVD. | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MARINE, JACK | |
| STREET ADDRESS | 7499 CLEAR MEADOW DR. | |
| CITY-ST-ZIP | SPRING HILL, FL 34606 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HALLORAN, DON | |
| STREET ADDRESS | 6036 NOCKLYN RD. | |
| CITY-ST-ZIP | SPRING HILL FL 34609 | |

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:

Fred E Basehore
FRED E BASEHORE TREAS

1/26/04

Date

352-597-1703

Daytime Phone #