


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90019 004 \*\*\*\*61.25

<b>DOCUMENT # N08624</b> 1. Entity Name <b>HERNANDO SHRINE CLUB HOLDING CORPORATION</b>					
Principal Place of Business <b>13400 MONTGOUR ST BROOKSVILLE FL 34613 US</b>			Mailing Address <b>13400 MONTGOUR ST BROOKSVILLE FL 34613 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-2248664</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>JOHNSTON, DARRYL W 29 S BROOKSVILLE AVE BROOKSVILLE FL 34601</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				1st MOORE CR2E037 (10/05)	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNARD, ROBERT 5986 DOUNRAY LOOP CRYSTAL RIVER FL 34429	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAUTMAN, ROGER 15415 CAMBRIDGE DR. BROOKSVILLE, FL 34604	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASEHORE, FREDE 9235 BUTLER BLVD BROOKSVILLE FL 34613	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWEEZEY, ROBERT 7457 CLEARMEADOW DR. SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STARK, JOE 12138 PARDON BLVD SPRING HILL FL 34609	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOLEAU, JAMES 1194 HAUCREST AVE SPRING HILL FL 34608	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLARKE, WILBUR 2163 TERRACE VIEW LANE SPRING HILL FL 34606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARINE, JACK 7499 CLEARMEADOW DR SPRING HILL FL 34606	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARINE, JACK 7499 CLEAR MEADOW DR SPRING HILL FL 34606	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARINE, JACK 7499 CLEARMEADOW DR SPRING HILL FL 34606	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, DALE 11405 SANHILL AVE SPRING HILL FL 34608	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARINE, JACK 7499 CLEARMEADOW DR SPRING HILL FL 34606	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** *W.A. Clarke, Jr.* **W.A. CLARKE, JR 3/1/06 352-684-3121**