


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

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90047 006 ****61.25

DOCUMENT # N10901	
1. Entity Name DELTONA ALL-STATES SHRINE CLUB, INC.	

Principal Place of Business 541 ANTELOPE DRIVE DELTONA FL 32725 US	Mailing Address 541 ANTELOPE DRIVE DELTONA FL 32725 US
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94026643



MOORE CR2E037 (11/03)

2. Principal Place of Business Landmark Lodge 541 ANTELOPE DR. Deltona, Fl. 32725	3. Mailing Address 1926 Greenview Dr. Suite, Apt. #, etc. Deltona, Fl. 32725
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4. FEI Number 23-7357956	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BUXTON, CLARK W JR 541 ANTELOPE DR DELTONA FL 32725 3828 CONCORD RD. DELAND, FL. 32720-6013	
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7. Name and Address of New Registered Agent Name: DELTONA ALL-STATES SHRINE CLUB Street Address (P.O. Box Numbers Not Acceptable): 1926 GREENVIEW DR. City: DELTONA FL Zip Code: 32725	
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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: DON H. SERFASS Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 2/16/04	
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FILE NOW: FEE IS \$61.25 Due By May 1, 2004	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: V NAME: LANNING, PAUL M STREET ADDRESS: 3828 CONCORD ROAD CITY-ST-ZIP: DELAND FL 32720	<input type="checkbox"/> Delete	TITLE: Mr. Don H. Serfass NAME: 1926 Greenview Dr. STREET ADDRESS: Deltona, FL 32725 CITY-ST-ZIP:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: P NAME: WINSOR, MAURICE STREET ADDRESS: 980 SYLVIA DR CITY-ST-ZIP: DELTONA FL 32725-2718	<input type="checkbox"/> Delete	TITLE: VICTOR GRIFFIN NAME: 612 ORANGE TREE DR. STREET ADDRESS: ORANGE CITY, FL. 32763 CITY-ST-ZIP:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VP NAME: FRERT, ARTHUR STREET ADDRESS: 960 DELTONA BLVD CITY-ST-ZIP: DELTONA FL 32725	<input checked="" type="checkbox"/> Delete	TITLE: CLIFFORD CANTRELL NAME: KINGS CASTLE DR STREET ADDRESS: DELTONA, FLORANGE CITY, FL. 32763 CITY-ST-ZIP:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: MARGAND, DAVID E STREET ADDRESS: PO BOX 391274 CITY-ST-ZIP: DELTONA FL 32739-1274	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: BARBERI, P DALE STREET ADDRESS: 2555 VESPERO ST CITY-ST-ZIP: DELTONA FL 32738-5170	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: CLARK, BUXTON STREET ADDRESS: 541 ANTELOPE DR CITY-ST-ZIP: DELTONA FL 32725	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DON H. SERFASS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 2/16/04 Daytime Phone #: 386-789-6277
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