


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90054 026 ****70.00

DOCUMENT # N38755			
1. Entity Name LAKE CITY SHRINE CLUB HOLDING CORPORATION			
Principal Place of Business BROWN ROAD LAKE CITY, FL 32055		Mailing Address PO BOX 2311 LAKE CITY, FL 32056-2311	
2. Principal Place of Business 771 NW BROWN ROAD Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State LAKE CITY, FL		City & State	
Zip 32055	Country	Zip	Country
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CURTIS, GERALD D 421 SW QUAIL HENAZ'S TERR. LAKE CITY, FL 32025		Name HUBERT MATHEWS Street Address (P.O. Box Number is Not Acceptable) 207 SW DEAN COURT City LAKE CITY FL Zip Code 32024-4584	
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 HUBERT MATHEWS SECRETARY/TREASURER <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Hubert Mathews <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE 2-14-2006	
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	D DEVEREUX, DANIEL G 3628 SE HIGH FALLS RD. LAKE CITY, FL 32025 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RONNIE K. EDENFIELD SR. 6663 SW CR-240 LAKE CITY FL 32024-9641 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VESSELS, JAME L RT 21, BOX 90 LAKE CITY, FL 32024 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VESSELS, JAMES L. 167 SW MARKS DRIVE LAKE CITY FL 32024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 exemptions contained 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 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: Hubert Mathews <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2-14-2006 386-755-4062 <small>Date Daytime Phone #</small>	