


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90027 013 ****61.25

DOCUMENT # N92000000284					
1. Entity Name WAKULLA SHRINE CLUB HOLDING CORPORATION					
Principal Place of Business 4141 HWY 319 STE CRAWFORDVILLE, FL 32326 US			Mailing Address P.O. BOX 994 CRAWFORDVILLE, FL 32326 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 59-3164691	
				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			7. Name and Address of New Registered Agent		
GARRISON, WARNER P 2149 SHADEVILLE RD CRAWFORDVILLE, FL 32327			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	
Filing Fee is \$61.25 Due by May 1, 2005		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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GLOVER, LARRY		NAME		
STREET ADDRESS	P.O BOX 1357		STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32326		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COPPOLA, ROLAND		NAME		
STREET ADDRESS	19 OTTER LANE RD		STREET ADDRESS		
CITY-ST-ZIP	PANACEA, FL 32346		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TOOKE, CLAUDE		NAME		
STREET ADDRESS	P.O BOX 276		STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32326		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MASSA, LARRY		NAME	PD	
STREET ADDRESS	256 MAGNOLIA RIDGE N.		STREET ADDRESS	49 HICKORY AVE	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARRISON, WARNER P		NAME		
STREET ADDRESS	2149 SHADEVILLE RD		STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GLOVER, EM		NAME		
STREET ADDRESS	243 GLOVER LANE		STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP		
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: <i>Warner P. Garrison</i>		SD WARNER P. GARRISON		1-17-05 850-926-4036	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	