2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Aug 12, 2008 8:00 am Secretary of State **DOCUMENT # N92000000284** 08-12-2008 90024 045 ****70.00 WAKULLA SHRINE CLUB HOLDING CORPORATION Principal Place of Business Mailing Address P.O. BOX 994 4141 HWY 319 STE CRAWFORDVILLE, FL 32326 CRAWFORDVILLE, FL 32326 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07072008 Chg-NP CR2E037 (12/06) City & State City & State Applied For 59-3164691 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ohn MEISTER, JOHN R Street Address (P.O. Box Number is Not Acceptable) 141 ELIZABETH ST Maple CRAWFORDVILLE, FL 32327 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 9. Election Campaign Financing **\$5.00** May Be Make check payable to Filing Fee Is \$61.25 Due by September 12, 2008 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 TITLE ☐ Delete TITLE ☐ Addition GLOVER, LARRY NAME NAME STREET ADDRESS P.O BOX 1357 STREET ADDRESS CRAWFORDVILLE, FL 32326 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition MCMULLEN, J.W. NAME STREET ADDRESS 2758 SPRING CREEK HWY STREET ADDRESS CITY-ST-ZIP CRAWFORDVILLE, FL 32327 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME TOOKE, CLAUDE NAME STREET ADDRESS P.O BOX 276 STREET ADDRESS CRAWFORDVILLE, FL 32326 CITY-ST-ZIP CITY-ST-7P TITLE ☐ Delete TITLE T4 Channe □ Addition Gentry, Jeff GENTRY, JEFF NAME NAME 95 MULBERRY CIR STREET ADDRESS STREET ADORESS P.O. Box 643 CITY-ST-ZIP CRAWFORDVILLE, FL 32327 CITY-ST-ZIP Marks FL 32355 SD Delete the Change TITLE TITLE ☐ Addition meister Sr., John R. MEISTER, JOHN R NAME NAME 23 Maple Dr STREET ADDRESS 141 ELIZABETH ST STREET ADDRESS CRAWFORDVILLE, FL 32327 CITY-ST-7P CITY-ST-7IP 32327 TITLE ☐ Detete TITLE ☐ Change ☐ Addition GLOVER, EM NAME NAME STREET ADDRESS 243 GLOVER LANE STREET ADDRESS

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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.

CITY-ST-ZIP

CITY-ST-ZIP

CRAWFORDVILLE, FL 32327

John R. Meister SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE