

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Aug 05, 2009
Secretary of State**

DOCUMENT# N92000000284

Entity Name: WAKULLA SHRINE CLUB HOLDING CORPORATION

Current Principal Place of Business:

4141 HWY 319 STE
CRAWFORDVILLE, FL 32327 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 994
CRAWFORDVILLE, FL 32326 US

New Mailing Address:

FEI Number: 59-3164691 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MEISTER, JOHN R
23 MAPLE DR
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GLOVER, LARRY
Address: P.O BOX 1357
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: D () Delete
Name: MCMULLEN, J.W.
Address: 2758 SPRING CREEK HWY
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: TOOKE, CLAUDE
Address: P.O BOX 276
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: D () Delete
Name: GENTRY, JEFF
Address: P.O. BOX 643
City-St-Zip: SAINT MARKS, FL 32355

Title: SD () Delete
Name: MEISTER, JOHN R
Address: 23 MAPLE DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: GLOVER, EM
Address: 243 GLOVER LANE
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GARRISON, WARNER
Address: 4-B OLD COURTHOUSE WAY
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN R. MEISTER SR.

Electronic Signature of Signing Officer or Director

SEC.

08/05/2009

Date