2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000284

FILED Feb 22, 2011 Secretary of State

Entity Name: WAKULLA SHRINE CLUB HOLDING CORPORATION

Current Principal Place of Business: New Principal Place of Business:

4141 HWY 319 STE

CRAWFORDVILLE, FL 32327 US

Current Mailing Address: New Mailing Address:

P.O. BOX 994

CRAWFORDVILLE, FL 32326 US

FEI Number: 59-3164691 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MEISTER, JOHN R MEISTER, JOHN R SR

23 MAPLÉ DR 23 MAPLE DR

CRAWFORDVILLE, FL 32327 US CRAWFORDVILLE, FL 32327 US

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: JOHN R. MEISTER SR 02/22/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D

Name: CREECH, HENRY Address: P.O. BOX 1446

City-St-Zip: CRAWFORDVILLE, FL 32326

Title: D

Name: TUCKER, LARRY
Address: 196 TOWER RD
City-St-Zip: PANACEA, FL 32346

Title:

Name: SMITH, JAMES W Address: 476 E. IVAN RD

City-St-Zip: CRAWFORDVILLE, FL 32327

Title:

 Name:
 TOOKE, CLAUDE W

 Address:
 161 COUNTRY CLUB DR

 City-St-Zip:
 CRAWFORDVILLE, FL 32327

Title: SD

Name: MEISTER, JOHN R SR Address: 23 MAPLE DR

City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D

Name: SPARKMAN, DELOUS
Address: 327 LONNIE RAKER LN
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby 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 all other like empowered.

SIGNATURE: JOHN R. MEISTER, SR. SEC 02/22/2011