

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90077 030 ****61.25

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1. Entity Name

SHRINE OF THE MASTER, INC.



Principal Place of Business

2710 BROWNING ST.
SARASOTA FL 34237

Mailing Address

2710 BROWNING ST.
SARASOTA FL 34237

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

65-0501429

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DESCHAMPS, SUZY
324 CYPRESS LAKE DRIVE
SARASOTA FL 34237

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DESCHAMPS, SUZY	
STREET ADDRESS	324 CYPRESS LAKE DR	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WAYNE, MIKE	
STREET ADDRESS	2500 SAULSTAN	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	8 J	<input type="checkbox"/> Delete
NAME	RIGGS, JOETTE	
STREET ADDRESS	4478 ELEVThera ST	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOOLE, JIM	
STREET ADDRESS	413 N BRIGGS AVE #506	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	T	<input type="checkbox"/> Delete
NAME	ZIRPOLI, SUSAN	
STREET ADDRESS	2717 BROWNING ST	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MUELLER, RAINY	
STREET ADDRESS	6722 PASCO CASTILLE	
CITY-ST-ZIP	SARASOTA FL 34238	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEANNINE LEHMAN
STREET ADDRESS	1848 Springwood Drive
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joette Riggs
STREET ADDRESS	4478 ELEUThera St.
CITY-ST-ZIP	SARASOTA FL 34233
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #