2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State
02-10-2005 90043 039 ****61.25

DOCUMENT # N98000000177

1. Entity Name
SHRINE OF THE MASTER, INC.

Principal Place of Business	Mailing Address
2710 BROWNING ST. SARASOTA, FL 34237	2710 BROWNING ST. SARASOTA, FL 34237

01162005 Chg-NP CR2E037 (10/03)

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 Jeanne Sanders Street Address (P.O. Box Number is Not Acceptable) 6234 Buckingham St City Sarasota FL Zip Code 34238

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] 1/29/05
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. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P DESCHHAMPS, SUZY 324 CYPRESS LAKE DR SARASOTA, FL 34237	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Jeanne Sanders 6234 Buckingham St Sarasota FL 34238 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LEHMAN, JEANNINE 1848 SPRINGWOOD DRIVE SARASOTA, FL 34232	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Ruth Ann Smith 4851 Brae Burn Ave Sarasota FL 34234 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RIGGS, JOETTE 4478 ELEVTHERA ST SARASOTA, FL 34233	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Kathleen Curtin 1557 Oak View Dr Sarasota FL 34232 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOOLE, JIM 413 N BRIGGS AVE #506 SARASOTA, FL 34237	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Walt Whitney 2410 Lamplighter Dr NE Sarasota FL 34234 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ZIRPOLI, SUSAN 2717 BROWNING ST SARASOTA, FL 34237	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Gary Castro 2115 Croft Lane Sarasota FL 34239 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MUELLER, RAINY 6722 PASCO CASTILLE SARASOTA, FL 34238	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] 1/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #