

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90860 004 ****61.25

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|--|--|---|--|--|--|
| DOCUMENT # N98000000177 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 - No P.O. Box # Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 02122007 Chg-NP CR2E037 (12/06) | |
| 4. FEI Number 65-0501429 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TOOLE, JIM 413 N BRIGGS AVE #508 SARASOTA, FL 34237 | | | 7. Name and Address of New Registered Agent Name <u>Tim Dudley</u> Street Address (P.O. Box Number is Not Acceptable) <u>5316 Angeles Ave</u> City <u>Sarasota</u> FL <u>34235</u> | | |
| 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 <u>Tim Dudley</u> <u>Tim DUDLEY</u> <u>S.O.M. President</u> <u>02/15/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | T CASTRO, GARY 2115 CRAFT LN SARASOTA, FL 34239 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P TIM DUDLEY 5316 ANGELES AVE SARASOTA FL 34235 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SMITH, RUTH-ANN 4051 BRAEBURN AVE SARASOTA, FL 34234 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP KATHLEEN CURTIN 1557 OAK VIEW DR SARASOTA FL 34232 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CURTIN, KATHLEEN 1557 OAK VIEW DR SARASOTA, FL 34232 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Betty Robinson 2552 10th Street #101 SARASOTA FL 34237 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P TOOLE, JIM 413 N BRIGGS AVE #508 SARASOTA, FL 34237 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Susan Zirpoli 2717 Browning St SARASOTA FL 34237 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ZIRPOLI, SUSAN 2717 BROWNING ST SARASOTA, FL 34237 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Cheryl MacLaughlin 7431 Green St University Park FL 34201 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T WHITNEY, WALT 2910 LAMPLIGHTER DR 10 C SARASOTA, FL 34234 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Rick Newman 4514 Summer Cove Dr #118 SARASOTA FL 34243 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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. | | | | | |
| SIGNATURE: <u>Tim Dudley</u> <u>Tim DUDLEY</u> <u>S.O.M. President</u> <u>02/15/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small> | | | | | |