#### 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 715532** 

Entity Name: ST. LUCIE COUNTY SHRINE CLUB HOLDING CORPORATION

FILED
Jan 15, 2017
Secretary of State
CC5747467731

# **Current Principal Place of Business:**

4600 OLEANDER AVENUE FORT PIERCE. FL 34982-4206

# **Current Mailing Address:**

4600 OLEANDER AVENUE

FORT PIERCE, FL 34982-4206 US

FEI Number: 32-0477390 Certificate of Status Desired: Yes

### Name and Address of Current Registered Agent:

ALGIN, ALEC ALEXANDER 1721A MARINERS COVE FORT PIERCE, FL 34950 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: ALEC ALEXANDER ALGIN 01/15/2017

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title	TREASURER	Title	2ND VICE PRESIDENT

Name ALGIN, ALEC A Name KATZ, SAMMY L

Address 1721A MARINERS COVE Address 5709 NW JIGSAW COURT

City-State-Zip: FORT PIERCE FL 34950 City-State-Zip: PORT SAINT LUCIE FL 34986

Title DIRECTOR Title DIRECTOR

Name CARR, PHILIP B Name CAMERON, JOHN H

Address 3011 FAIRWAY DRIVE Address 2188 SW BRADFORD PLACE
City-State-Zip: STUART FL 34997 City-State-Zip: PALM BAY FL 34990-5721

Title DIRECTOR Title PRESIDENT

Name PETERSON, NINO A Name NEWTON, THOMAS M

Address 612 SW LAKE CHARLES CIRCLE Address 2294 SE SHORT STREET

City-State-Zip: PORT SAINT LUCIE FL 34986 City-State-Zip: PORT SAINT LUCIE FL 34952

Title DIRECTOR Title SECRETARY, BAR CHAIRMAN

Name SHEETS, RICHARD B Name CONRAD, 3RD, FRANCIS HARMON

Address 607 RIBAUT ROAD Address 5950 GLADES CUT-OFF ROAD

City-State-Zip: FORT PIERCE FL 34947-6132 City-State-Zip: FORT PIERCE FL 34981

#### Continues on page 2

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: ALEC ALEXANDER ALGIN

**AGENT** 

01/15/2017

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title !ST VICE PRESIDENT

Name BREBERG, RONALD H

Address 5 VERDE VISTA

City-State-Zip: FORT PIERCE FL 34981

Title DIRECTOR

Name MOORE, PAUL ALLAN

Address 5 PUERTO SOL

City-State-Zip: FORT PIERCE FL 34951

Title DIRECTOR

Name SPEICH, THOMAS W

Address 28 QUINTAWA ROO LANE

City-State-Zip: PORT SAINT LUCIE FL 34952