

**2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 845576

**Entity Name:** SHRINERS INTERNATIONAL INCORPORATED**Current Principal Place of Business:**2900 ROCKY POINT DRIVE  
TAMPA, FL 33607**Current Mailing Address:**P. O. BOX 31356  
TAMPA, FL 33631-3356 US**FEI Number:** 36-2158164**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER  
Name            KOEHN, BRAD T.  
Address        2833 SW JEWELL AVENUE  
City-State-Zip: TOPEKA KS 66611

Title            PRESIDENT  
Name            BAILEY, WILLIAM S.  
Address        153 SHORE DR  
City-State-Zip: PORTAGE IN 46368

Title            DIRECTOR  
Name            COSTELLO, KEVIN R.  
Address        700 ROUTE 32  
                    BOX 152  
City-State-Zip: TILLSON NY 12486

Title            DIRECTOR  
Name            SMITH, JAMES R.  
Address        108 CHUCKWAGON TRAIL  
City-State-Zip: GEORGETOWN TX 78633

Title            SECRETARY  
Name            CAIN, JAMES L SR.  
Address        4569 WINFIELD DRIVE  
City-State-Zip: NASHVILLE TN 37211

Title            DIRECTOR  
Name            BURKE, RICHARD G.  
Address        2505 GINGER DR  
City-State-Zip: BUFORD GA 30519

Title            1ST VICE PRESIDENT  
Name            CRAVEN, KENNETH R.  
Address        1643 CENTRAL AVENUE  
City-State-Zip: SUMMERVILLE SC 29483

Title            2ND VICE PRESIDENT  
Name            STOLZE, JAMES E. JR.  
Address        9213 W. CAMINO DE ORO  
City-State-Zip: PEORIA AZ 85383

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*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:** WILLIAM S BAILEY**PRESIDENT****04/07/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LEIB, LAWRENCE J.  
Address 27971 ROLLCREST ROAD  
SUITE #9  
City-State-Zip: FARMINGTON HILLS MI 48334

Title DIRECTOR  
Name BARTLETT, MARTIN L  
Address 26723 SAGITARIUS  
City-State-Zip: SAN ANTONIO TX 78260

Title DIRECTOR  
Name FORBIS, TIMOTHY D  
Address 3562 CODY LANE  
City-State-Zip: CHEYENNE WY 82009

Title DIRECTOR  
Name HARTZ, MARK E  
Address 850 ELMHURST RD  
City-State-Zip: SEVERN MD 21144

Title DIRECTOR  
Name STURLAUGSON, MATTHEW  
Address 4519 4TH STREET W  
City-State-Zip: WEST FARGO ND 58078