FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:48

DOCUMENT # 736466 (4)

1. Corporation Name
FLORIDA SHUFFLEBOARD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1308 NE LEISURE AVE ARCADIA FL 33821 US	1308 NE LEISURE AVE ARCADIA FL 33821 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/26/1976
3a. Date of Last Report: 04/05/1994
4. FEI Number: 23-7133104 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MCCOY, SKIP
1308 NE LEISURE AVE
ARCADIA FL 33821

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	ELDRIDGE, MARY	1.2 NAME	Craig, Bob	
STREET ADDRESS	6100 62ND AVE #55	1.3 STREET ADDRESS	2550 S.R. 580 E. #175	
CITY-ST-ZIP	PINELLAS PARK FL	1.4 CITY-ST-ZIP	Clearwater, FL 34621	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	PRESCOTT, PAUL	2.2 NAME		
STREET ADDRESS	1112 W BEACON, NO 157	2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP		
TITLE	DP	3.1 TITLE		☐ Change ☐ Addition
NAME	MCCOY, SKIP	3.2 NAME		
STREET ADDRESS	1308 NE LEISURE AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	ARCADIA FL	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	MAROUSCH, WESLEY	4.2 NAME	Appleton, Charles	
STREET ADDRESS	1500 KANNER HWY, LOT 9	4.3 STREET ADDRESS	805 49 A Ave. E	
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	Bradenton, FL 34203	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSTON, ED	5.2 NAME		
STREET ADDRESS	1510 W ARIANA #307	5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP		
TITLE	ST	6.1 TITLE		☐ Change ☐ Addition
NAME	MCCOY, PAT	6.2 NAME		
STREET ADDRESS	1308 NE LEISURE AVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	ARCADIA FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Skip McCoy Skip McCoy 3-30-95 813-993-3736
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0067426