FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 07/26/1976

3a. Date of Last Report: 04/05/1995

2. Principal Place of Business
21 1112 W Beacon, No.157
Suite, Apt. #, etc. 22
City & State 23 Lakeland, FL
Zip 24 33803 Country 25 USA

2a. Mailing Address
26 1112 W Beacon, No.157
Suite, Apt. #, etc. 27
City & State 28 Lakeland, FL
Zip 29 33803 Country 30 USA

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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: PRESCOTT, PAUL
82 Street Address (P.O. Box Number is Not Acceptable): 1112 W Beacon, No. 157
83
84 City: Lakeland FL 85 Zip Code: 33803

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Paul Prescott, President — Signature, typed or printed name of registered agent and title, if applicable
Paul R Prescott — Date: Registered Agent signature required when changed
DATE: 25 MAR 96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CRAIG, BOB		1.2 NAME		
STREET ADDRESS	2550 S.R. 580 E #175		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	PRESCOTT, PAUL		2.2 NAME	Prescott, Paul	
STREET ADDRESS	1112 W BEACON, NO 157		2.3 STREET ADDRESS	1112 W Beacon, No. 157	
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	DP	☒ DELETE	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	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	APPLETON, CHARLES		4.2 NAME		
STREET ADDRESS	805 49 AVE E		4.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	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	☒ DELETE	6.1 TITLE	S	☐ Change ☒ Addition
NAME	MCCOY, PAT		6.2 NAME	Johnston, Donna	
STREET ADDRESS	1308 NE LEISURE AVE		6.3 STREET ADDRESS	1510 W Ariana #307	
CITY-ST-ZIP	ARCADIA FL		6.4 CITY-ST-ZIP	Lakeland, FL 33803	

CR2E037 (12/95)

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: Paul R Prescott — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 26 MAR 96

941-682-5233 — Daytime Phone #