


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 27 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **736466** (4)  
1. Corporation Name  
**FLORIDA SHUFFLEBOARD ASSOCIATION, INC.**



|   |  |   |  |  |  |
|---|--|---|--|--|--|
| Principal Place of Business<br><b>1112 W. BEACON<br/>NO. 157<br/>LAKELAND FL 33803<br/>US</b>                                 |  | Mailing Address<br><b>1112 W. BEACON<br/>NO. 157<br/>LAKELAND FL 33803<br/>US</b> |  | DO NOT WRITE IN THIS SPACE   |  |
| 2. Principal Place of Business  |  | 2a. Mailing Address   |  | 3. Date Incorporated or Qualified<br><b>07/26/1976</b>   |  |
| 21  |  | 26  |  | 3a. Date of Last Report<br><b>04/01/1996</b>   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |  | 4. FEI Number<br><b>23-7133104</b>   |  |
| 22  |  | 27  |  | Applied For<br>Not Applicable  |  |
| City & State  |  | City & State  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 23  |  | 28  |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |
| Zip   |  | Country   |  | 8. This corporation owes or has paid the current year intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| 24  |  | 25  |  | 29   |  |
| 25  |  | 29  |  | 30   |  |
| 9. Name and Address of Current Registered Agent<br><b>PRESCOTT, PAUL<br/>1112 W. BEACON<br/>NO. 157<br/>LAKELAND FL 33803</b> |  |   |  | 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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

|                            |                       |   |                        |
|----------------------------|-----------------------|---|------------------------|
| 12. OFFICERS AND DIRECTORS |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                        |
| TITLE                      | VD                    | 1.1 TITLE   | VD                     |
| NAME                       | CRAIG, BOB            | 1.2 NAME  | EBY, CARL              |
| STREET ADDRESS             | 2550 S.R. 580 E #175  | 1.3 STREET ADDRESS                                    | 4701 BAYBERRY WAY WEST |
| CITY-ST-ZIP                | CLEARWATER FL         | 1.4 CITY-ST-ZIP                                       | ESTERO, FL 33928       |
| TITLE                      | PD                    | 2.1 TITLE   |                        |
| 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                      | VD                    | 3.1 TITLE   |                        |
| NAME                       | APPLETON, CHARLES     | 3.2 NAME  |                        |
| STREET ADDRESS             | 805 49 AVE E          | 3.3 STREET ADDRESS                                    |                        |
| CITY-ST-ZIP                | BRADENTON FL          | 3.4 CITY-ST-ZIP                                       |                        |
| TITLE                      | D                     | 4.1 TITLE   |                        |
| NAME                       | JOHNSTON, ED          | 4.2 NAME  |                        |
| STREET ADDRESS             | 1510 W ARIANA #307    | 4.3 STREET ADDRESS                                    |                        |
| CITY-ST-ZIP                | LAKELAND FL           | 4.4 CITY-ST-ZIP                                       |                        |
| TITLE                      | S                     | 5.1 TITLE   |                        |
| NAME                       | JOHNSTON, DONNA       | 5.2 NAME  |                        |
| STREET ADDRESS             | 1510 W. ARIANA #307   | 5.3 STREET ADDRESS                                    |                        |
| CITY-ST-ZIP                | LAKELAND FL           | 5.4 CITY-ST-ZIP                                       |                        |
| TITLE                      |                       | 6.1 TITLE   |                        |
| NAME                       |                       | 6.2 NAME  |                        |
| STREET ADDRESS             |                       | 6.3 STREET ADDRESS                                    |                        |
| CITY-ST-ZIP                |                       | 6.4 CITY-ST-ZIP                                       |                        |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Signature Required*

8-31-97 (941)683-5253

CR2E037 (4/97)