

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736466

FILED
Jan 13, 2009
Secretary of State

Entity Name: FLORIDA SHUFFLEBOARD ASSOCIATION, INC.

Current Principal Place of Business:

5619 BAYSHORE RD. LOT 139
PALMETTO, FL 34221 US

New Principal Place of Business:

Current Mailing Address:

5619 BAYSHORE RD. LOT 139
PALMETTO, FL 34221 US

New Mailing Address:

FEI Number: 23-7133104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAILEY, JAMES
5619 BAYSHORE RD LOT 139
PALMETTO, FL 34221 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BAILEY, JAMES
Address: 5619 BAYSHORE RD LOT139
City-St-Zip: PALMETTO, FL 34221

Title: VD () Delete
Name: PELTIER, GLEN
Address: 2000 E. BAY DR., LOT 35
City-St-Zip: LARGO, FL 33771

Title: S () Delete
Name: POLLOCK, LORRAINE
Address: 1640 S. SENIC HYW LOT 26
City-St-Zip: FROSTPROOF, FL 33843

Title: T () Delete
Name: HERSON, ANN
Address: 4911 2A STREET EAST
City-St-Zip: BRADENTON, FL 34203

Title: VD () Delete
Name: REBHOLZ, PHIL
Address: 10004 BAR HARBOR CT
City-St-Zip: FT. PIERCE, FL 34945

Title: D () Delete
Name: NELMS, DARDEN
Address: 328 WOODIBIS AVE.
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES BAILEY

P

01/13/2009

Electronic Signature of Signing Officer or Director

Date