

FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **N97000001326 (4)**

1. Corporation Name

**BRADENTON SHUFFLEBOARD CLUB INC.**



Principal Place of Business <b>1525 8TH AVE DR WEST BRADENTON FL 34205</b>	Mailing Address <b>1525 8TH AVE DR WEST BRADENTON FL 34205</b>
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3. Date Incorporated or Qualified <b>03/10/1997</b>	
4. FEI Number <b>59-0690106</b>	Applied For Not Applicable

2. Principal Place of Business 21 <b>1525 8TH AVE DR W.</b>	2a. Mailing Address 26 Suite, Apt. #, etc.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. <b>SAME</b>
23 City & State <b>BRADENTON FL</b>	28 City & State
24 Zip <b>34205</b>	25 Country <b>FLORIDA</b>
29 Zip	30 Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<b>COCHRAN, WALTER J</b> <i>PRESIDENT</i> <b>1525 8TH AVE DR WEST BRADENTON FL 34205</b>	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>WALTER S. COCHRAN</b>
STREET ADDRESS	<b>715 H9TH AVE DR E.</b>
CITY-ST-ZIP	<b>BRADENTON, FL 34203</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DANICA HERRON</b>
STREET ADDRESS	<b>4917 R ST E.</b>
CITY-ST-ZIP	<b>BRADENTON FL 34203</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>KESTER E WALK</b>
STREET ADDRESS	<b>1103 H9TH AVE DR W</b>
CITY-ST-ZIP	<b>BRADENTON FL 34207</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>SHIRLEY F. JONES</b>
STREET ADDRESS	<b>5207 36TH ST W</b>
CITY-ST-ZIP	<b>BRADENTON, FL 34210</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>FINANCIAL SEC.</b>
1.3 STREET ADDRESS	<b>NORMAN WILE</b>
1.4 CITY-ST-ZIP	<b>4LL 49TH C. AVE. BRADENTON, FL. 34203</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>TREASURE</b>
2.3 STREET ADDRESS	<b>ALLEN SNYDER</b>
2.4 CITY-ST-ZIP	<b>2009 24TH AVE. W. BRADENTON, FL. 34205</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>V-P</b>
3.3 STREET ADDRESS	<b>FRED JONES</b>
3.4 CITY-ST-ZIP	<b>5207 36TH ST. W. BRADENTON, FL. 34210</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>SECRETARY</b>
4.3 STREET ADDRESS	<b>DONA DUNN</b>
4.4 CITY-ST-ZIP	<b>3333 26TH AVE. E. #1160 BRADENTON, FL. 34208</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *Walter J. Cochran* **WALTER J COCHRAN** 4-9-98 941 747 684

CR2E037 (10/97)