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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000001326

1. Corporation Name

BRADENTON SHUFFLEBOARD CLUB INC.

Principal Place of Business

1525 8TH AVE DR W
BRADENTON FL 34205
US

Mailing Address

1525 8TH AVE DR W
BRADENTON FL 34205
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/10/1997

4. FEI Number

59-0690106

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

9. Name and Address of Current Registered Agent

COCHRAN, WALTER J
1525 8TH AVE DR WEST
BRADENTON FL 34205

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

TITLE P DELETE
NAME COCHRAN, WALTER J
STREET ADDRESS 715 49TH AVE DR E
CITY-ST-ZIP BRADENTON FL 34203

TITLE D DELETE
NAME HERROND, DANIEL
STREET ADDRESS 4917 R ST E
CITY-ST-ZIP BRADENTON FL 34203

TITLE D DELETE
NAME WALL, LESTER E
STREET ADDRESS 1103 49TH AVE DR W
CITY-ST-ZIP BRADENTON FL 34207

TITLE D DELETE
NAME JONES, SHIRLEY F
STREET ADDRESS 5207 36TH ST W
CITY-ST-ZIP BRADENTON FL 34210

TITLE FS DELETE
NAME WILE, NORMAN
STREET ADDRESS 4KK 49TH C AVE
CITY-ST-ZIP BRADENTON FL 34203

TITLE T DELETE
NAME SNYDER, ALLEN
STREET ADDRESS 2009 24TH AVE W
CITY-ST-ZIP BRADENTON FL 34205

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE: Walter J. Cochran WALTER J. COCHRAN 4-19-99 941-747-611

CR2F037-(11/98)