

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749128

Entity Name: INTERNATIONAL SHUFFLEBOARD ASSOCIATION, INC.**Current Principal Place of Business:**8245 FOREST CIRCLE
SEMINOLE, FL 33776**Current Mailing Address:**8245 FOREST CIRCLE
SEMINOLE, FL 33776**FEI Number:** 02-0597868**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALLEN, BETHANY K
8245 FOREST CIRCLE
SEMINOLE, FL 33776 US*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

Officer/Director Detail :

Title	PD
Name	ZELLNER, MICHAEL R
Address	RUA PROF. ANDREOLI, 57 PQ. SAO LUIZ
City-State-Zip:	SAO PAULO SP CEP 0-2840

Title	TD
Name	RUDOLPH, WILMA
Address	7326 STATE ROUTE 19 UNIT 5616
City-State-Zip:	MOUNT GILEAD OH 43338

Title	VD
Name	HUSSMANN, HEINZ-DIETER
Address	ERLENWEG 1
City-State-Zip:	LANGENSELBOLD HESSE 63505

Title	REGISTERED AGENT
Name	ALLEN, BETHANY
Address	8245 FOREST CIRCLE
City-State-Zip:	SEMINOLE FL 33776

Title	VD
Name	CROWDER, MALCOLM
Address	25 FIRMIN COURT
City-State-Zip:	MERMAID WATERS QUEENSLAND 4218

Title	VD
Name	QUINN, SANDRA E
Address	2712 S INTERNATIONAL BLVD #56
City-State-Zip:	WESLACO TX 78596-8403

Title	VP
Name	STRONG, HENRY
Address	5921 BENZ
City-State-Zip:	ZEPHYRHILLS FL 33540

Title	VP
Name	FLATLAND, HALLVARD B
Address	OVERBERGVEIEN 14
City-State-Zip:	1397 NESOYA

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: BETHANY K ALLEN**REGISTERED AGENT****02/27/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name SUZUKI, YOSHIKO
Address 50 KARASAWA MINAMIKU
City-State-Zip: YOKOHAMA 232-0034

Title VP
Name BORGES, BERNAR B
Address TRAVESSA DR CESAR COUPLE, 19
ICARAI
City-State-Zip: NITEROI RIO DE JANEIRO 24220-340