2020	FLORIDA	NOT FOR	PROFIT	CORPORA	TION ANNUAL	REPORT

DOCUMENT# 749128

Entity Name: INTERNATIONAL SHUFFLEBOARD ASSOCIATION, INC.

Current Principal Place of Business:

10085 ASHLEY DRIVE SEMINOLE, FL 33772

Current Mailing Address:

10085 ASHLEY DRIVE SEMINOLE, FL 33772 US

FEI Number: 02-0597868

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

ALLEN, BETHANY K 10085 ASHLEY DR SEMINOLE, FL 33772 US Certificate of Status Desired: No

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:

Officer/Director Detail :							
Title	DIRECTOR	Title	DIRECTOR				
Name	REIHER, IAN	Name	HOUSER, JOHN W				
Address	6/54 MCLEAN STREET	Address	601 THIRD ST #154				
City-State-Zip:	COOLANGATTA 4225	City-State-Zip:	CLARKSTON WA 99403-1911				
Title	DIRECTOR	Title	DIRECTOR				
Name	HUSSMANN, HEINZ-DIETER	Name	FLATLAND, HALLVARD B				
Address	TONSTRASSE 6	Address	MARIES VEI 38				
City-State-Zip:	MEERBUSCH 40670	City-State-Zip:	1363 HOVIK				
Title	DIRECTOR	Title	DIRECTOR				
Name	KAWAI, AKIRA	Name	BORGES, BERNAR B				
Address	1-18-2-501 MINAMI-OTSUKA TOSHIMA-KU	Address	TRAVESSA DR CESAR COUPLE, 19 ICARAI				
City-State-Zip:	ТОКҮО-ТО	City-State-Zip:	NITEROI 24220-340				
Title	PRESIDENT	Title	TREASURER				
Name	BILTON, MYRNA	Name	ALLEN, BETHANY				
Address	977 RESTFUL ROAD	Address	10085 ASHLEY DR				
City-State-Zip:	NORTH FT MYERS FL 33917-6395	City-State-Zip:					

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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 ALLEN

REGISTERED AGENT 0

04/30/2020

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 30, 2020 Secretary of State 4789282404CC

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Date

Officer/Director Detail Continued :

Title	SECRETARY	Title	DIRECTOR	
Name	ROSETTI, EVELYN	Name	DAVIS, PETER	
Address	105 4TH ST NE UNIT 406	Address City-State-Zip:	HEDDONS HOUSE - HEWITT LN WYMONDHAM, NORFOLK NR18 0JA	
City-State-Zip:	ST PETERSBURG FL 33701	City-State-Zip.	WIMONDHAM, NORI OLK INTO 03A	
Title	DIRECTOR	Title	DIRECTOR	
Name	HILL, PAMELA	Name		
Address	29250 US HWY 19 N	Address	230 FAIRWAY ROAD	
	UNIT 595	City-State-Zip:	WOODSTOCK N4T 1Q3	
City-State-Zip:	CLEARWATER FL 33761			
Title	DIRECTOR			
Name	ZELLNER, MICHAEL R			
Address	8524 FANTASIA PARKWAY			
City-State-Zip:	RIVERVIEW FL 33578			