

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000003078

**Entity Name:** TABLE SHUFFLEBOARD ASSOCIATION, INC.

**Current Principal Place of Business:**

125 STONE FIELD CT  
WAXAHACHIE, TX 75167

**Current Mailing Address:**

125 STONE FIELD CT  
WAXAHACHIE, TX 75167 US

**FEI Number: 68-0346464**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 CORAL WAY  
4TH FLOOR  
MIAMI, FL 33145 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 DIRECTOR  
Name FRENCH, LYNDA P  
Address 8155 MEADOW LARK DRIVE  
City-State-Zip: WYNNEWOOD OK 73098

Title DIRECTOR  
Name SEXTON, DEBBIE  
Address 11765 WEST AVE # 345  
City-State-Zip: SAN ANTONIO TX 78216-2559

Title DIRECTOR  
Name GRAY, MARK  
Address 8505 E. 114TH STREET  
City-State-Zip: KANSAS CITY MO 21122

Title DIRECTOR  
Name PAYNE, JIM  
Address 721 RB RD  
City-State-Zip: STOCKTON MO 65785

Title DIRECTOR  
Name PACHIK, BRIAN  
Address 290 MERVINE ST  
City-State-Zip: POTTSTOWN PA 19464

Title DIRECTOR  
Name WILLIAMS, LOUISE  
Address 189 BARRY AVENUE  
City-State-Zip: LANDSDALE PA

Title PRESIDENT, DIRECTOR  
Name NELSON, GARY E  
Address 125 STONE FIELD CT  
City-State-Zip: WAXAHACHIE TX 75167

Title DIRECTOR  
Name MILLER, FRED  
Address 114 FREE UNION RD.  
City-State-Zip: BELVIDERE NJ 07823

**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: GARY E NELSON**

**PRESIDENT/CFO**

**03/02/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name PERRY, HAL  
Address 942 DONDRA WAY  
City-State-Zip: SACRAMENTO CA 95835

Title DIRECTOR  
Name SHEWBRIDGE, DAVE  
Address 1215 N MAPLE ST.  
City-State-Zip: HARTFORD IN 47348

Title DIRECTOR  
Name PARRISH, GEORJEAN  
Address 17969 W IVY LN  
City-State-Zip: SURPRISE AZ 85388

Title DIRECTOR  
Name WALKER, WILLIAM (BILL)  
Address 1444 RUSSELL AVE SE  
City-State-Zip: PORT ORCHARD WA 98366