FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 20 PM 2:14

DOCUMENT # 703245 (1)

1. Corporation Name
MOUNT DORA SHUFFLEBOARD CLUB INC

Principal Place of Business	Mailing Address
P.O. BOX 827 MT. DORA FL 32757-7827	P.O. BOX 827 MT. DORA FL 32757-7827

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/21/1961
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-1011459 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DOCKEY, MERRITT
841 SYLVAN POINT DR
MT. DORA FL 32757

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	1.1 TITLE	P	☒ Change ☐ Addition
NAME	HOUSE, JOHN	1.2 NAME		
STREET ADDRESS	1700 SANFORD RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	MT DORA FL	1.4 CITY-ST-ZIP	HOUSE, JOHN 1700 SANFORD Rd. MT. DORA, FL. 32757	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	BOGGS, JEAN	2.2 NAME		
STREET ADDRESS	110 N TREMANIN #102	2.3 STREET ADDRESS		
CITY-ST-ZIP	MT. DORA FL	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	CRUM, ROBERT	3.2 NAME		
STREET ADDRESS	531 N CLAYTON ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	MT. DORA FL	3.4 CITY-ST-ZIP		
TITLE	PD	4.1 TITLE	D	☒ Change ☐ Addition
NAME	GALUSZA, STANLEY H.	4.2 NAME	GALUSZA, STANLEY H	
STREET ADDRESS	1039 N. BAKER ST.	4.3 STREET ADDRESS	1039 N. BAKER ST.	
CITY-ST-ZIP	MT. DORA FL	4.4 CITY-ST-ZIP	MT. DORA, FL 32757	
TITLE	S	5.1 TITLE	S	☒ Change ☒ Addition
NAME	DIXON, JANE	5.2 NAME	PICKERING, GERTRUDE,	
STREET ADDRESS	105 TEMPLE DRIVE	5.3 STREET ADDRESS	3975 WOOD DRIVE,	
CITY-ST-ZIP	MT. DORA FL	5.4 CITY-ST-ZIP	MT. DORA, FL. 32757	
TITLE	D	6.1 TITLE	V	☒ Change ☒ Addition
NAME	DOCKEY, PRISCILLA	6.2 NAME	ROWLAND, STEVE	
STREET ADDRESS	1845 SYLVAN POINT DR	6.3 STREET ADDRESS	824 LIBERTY	
CITY-ST-ZIP	MT. DORA FL	6.4 CITY-ST-ZIP	MT. DORA, FL. 32757	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Robert Crum ROBERT CRUM, TREASURER 3/7/95 904-383-2757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

005167