

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified

11/21/1961

3a. Date of Last Report

03/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1011459

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOCKEY, MERRITT

841 SYLVAN POINT DR

MT. DORA FL 32757

*CORRECT STREET ADDRESS
FOR CURRENT AGENT*

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

*1845 SYLVAN POINT DR
MT. DORA*

84 City

FL

85 Zip Code

32757

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

ROBERT J. CRUM Robert J. Crum (TREASURER)

FEB 1, 1996

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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
V	HOUSE, JOHN	1700 SANFORD RD	MT DORA FL	<input checked="" type="checkbox"/>
D	BOGGS, JEAN	110 N TREMANIN #102	MT. DORA FL	<input checked="" type="checkbox"/>
T	CRUM, ROBERT	531 N CLAYTON ST	MT. DORA FL	<input type="checkbox"/>
PD	GALUSZA, STANLEY H.	1039 N. BAKER ST.	MT. DORA FL	<input checked="" type="checkbox"/>
S	DIXON, JANE	105 TEMPLE DRIVE	MT. DORA FL	<input checked="" type="checkbox"/>
D	DOCKEY, PRISCILLA	1845 SYLVAN POINT DR	MT. DORA FL	<input checked="" type="checkbox"/>

13.

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
V	BOGGS, JEAN	110 N. TREMANIN ST	MT. DORA, FL. 32757	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P	ROWLAND, STEVE	824 LIBERTY AVE.	MT. DORA, FL. 32757	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	GALUSZA, STANLEY	313 EASTRIDGE DRIVE.	EUSTIS, FL. 32726	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	PICKERING, GERTRUDE	3985 WOOD DRIVE.	MT. DORA, FL. 32757	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	LUEBBERT, JOHN	110 HICKORY DRIVE.	TAVARES, FL. 32778	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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)(k), 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 J. CRUM Robert J. Crum*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

MARCH 28, 1996

Date Daytime Phone #

352-383-2757

CR2E037 (12/95)