


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 703245 (1) 1. Corporation Name MOUNT DORA SHUFFLEBOARD CLUB INC			
Principal Place of Business P.O. BOX 827 MT. DORA FL 32757-7827		Mailing Address P.O. BOX 827 MT. DORA FL 32757-0827	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
3. Date Incorporated or Qualified 11/21/1961		3a. Date of Last Report 04/04/1996	
4. FEI Number 59-1011459		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent DOCKEY, MERRITT 1845 SYLVAN POINT DR MT. DORA FL 32757		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City FL 85 Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	V <input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	BOGGS, JEAN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	110 N TREMAIN ST	1.2 NAME	
CITY - ST - ZIP	MT DORA FL	1.3 STREET ADDRESS	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.4 CITY - ST - ZIP	
NAME	ROWLAND, STEVE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	824 LIBERTY AVE	2.2 NAME	P
CITY - ST - ZIP	MT. DORA FL	2.3 STREET ADDRESS	PRISCILLA DOCKEY
TITLE	T <input type="checkbox"/> DELETE	2.4 CITY - ST - ZIP	1845 SYLVAN POINT DRIVE
NAME	CRUM, ROBERT	3.1 TITLE	MT. DORA, FL. 32757
STREET ADDRESS	531 N CLAYTON ST	3.2 NAME	
CITY - ST - ZIP	MT. DORA FL	3.3 STREET ADDRESS	
TITLE	D <input type="checkbox"/> DELETE	3.4 CITY - ST - ZIP	
NAME	GALUSZA, STANLEY H.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	313 EASTRIDGE DR	4.2 NAME	
CITY - ST - ZIP	EUSTIS FL	4.3 STREET ADDRESS	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.4 CITY - ST - ZIP	
NAME	PICKERING, GERTRUDE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3985 WOOD DR	5.2 NAME	S
CITY - ST - ZIP	MT. DORA FL	5.3 STREET ADDRESS	BETTE GALUSZA
TITLE	D <input type="checkbox"/> DELETE	5.4 CITY - ST - ZIP	313 EASTRIDGE DRIVE
NAME	LUEBBERT, JOHN	6.1 TITLE	EUSTIS, FL 32726
STREET ADDRESS	110 HICKORY DR	6.2 NAME	
CITY - ST - ZIP	TAVARES FL	6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	
14. I do hereby certify that the information supplied with this filing 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: <i>Robert J. Crum</i> ROBERT J. CRUM		3/21/97 352-383-2757	

CR2E037 (9/96)