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NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 703245			
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 32757-7827	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 c/o ROBERT CRUM Suite, Apt. #, etc. 27 531 N. CLAYTON ST. City & State 28 MT. DORA, FL Zip Country 29 32757 30 US	
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME P WALKER, BEVERLY STREET ADDRESS 438 SINCLAIR CIR CITY-ST-ZIP TAVARES FL 32778		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME V KEEM, WILDA STREET ADDRESS 2877 SOUTHLAND RD CITY-ST-ZIP MT DORA FL 32757		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME T CRUM, ROBERT STREET ADDRESS 531 N CLAYTON ST CITY-ST-ZIP MT. DORA FL		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME D GALUSZA, STANLEY H. STREET ADDRESS 313 EASTRIDGE DR CITY-ST-ZIP EUSTIS FL		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME S GALVSZA, BETTE STREET ADDRESS 313 EASTRIDGE DR CITY-ST-ZIP EUSTIS FL		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE NAME D WELSH, WIL STREET ADDRESS 950 OLD EUSTIS RD CITY-ST-ZIP MT DORA FL 32757		6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME DIRECTOR 6.3 STREET ADDRESS SAM SHOEMAKER 6.4 CITY-ST-ZIP 2760 WESTLAND RD MOUNT DORA, FL 32757	

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/99 352-383-2757

CR2E037 (1-1/98)