NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90063 046 ****61.25

DOCUMENT # 703245

MOUNT DORA SHUFFLEBOARD CLUB INC										
							·			
Principal Place of Business Mailing Address										
P.O. BOX 627										
MT. DORA FL 32757-7827 S.MT. DORA FL 32757-7827			7827							
							(8011) (501) 00100 1(1)0 1(01)		9:01: 0101: 0101: 010	II 84831 F884
\										
2. Principal Pi	2a. Mailing Address	Mailing Address				 Date Incorporated or Qualifed 11/21/1961 			ļ	
Suite Apt.	# etc	Suite, Apt. #, etc.					4. FEI Number		App	lied For
27 53/			IN CLAYTON ST.				59-1011459		Not	Applicable
City & State		City & State	<u> </u>	-, -					\$8.75 A	dditional
23		28 MT. T	ORA	,	Fί		5. Certifcate of Status Desired		Fee Red	quired
Zip	Country	Zip		untry			6. Election Campaign Financing		\$5.00	May Be
24	25	29 32757	30	- {	US		Trust Fund Contribution		Added to	· .
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent										
					Name					
DOCKEY, MERRITT					Street A	ddra	ss (P.O. Box Number is Not Accept	table)	_	
1845 SYLVAN POINT DR				82	500017	au o	as (1.0. Box Hallings to Harrisop)	,		
MT. DORA FL 32757			83							
MI. DORA FL 32/3/				84					85 Zip C	- do
· · · · · · · · · · · · · · · · · · ·					City			F	L 85 Zip C	oue
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 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 appoil agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								of changing its pointment as reg	registered jistered	
SIGNATURE										}
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere				d Agen	nt signature re	quired v	when reinstating) ADDITIONS/CHANGES TO O	DATE	AND DIRECTOR	2S IN 12
12.		DIRECTORS DELETI		m c			ADDITIONS/CHANGES TO CO	TICENS	☐ Change	Addition
TITLE				1.1 TITLE						
NAME	WALKER, BEVERLY		1	1.2 NAME						1
STREET ADORESS	438 SINCLAIR CIR		1.3 \$	1.3 STREET ADDRESS						1
CITY-ST-ZIP	TAVARES FL 32778			1.4 CITY-ST-ZIP				· · · · ·		
TITLE	V	☐ DELET	E 2.1 T	ITLE					Change	Addition
NAME	KEEM, WILDA		2.21	IAME	ļ					- [
STREET ADDRESS	2017 0001112 112 112			2.3 STREET ADDRESS						
CITY-ST-ZIP				2.4 CITY-ST-ZIP						
TILE	· ·	☐ DELET	E 3.11	TLE					Change	Addition
NAME	Crioni, rioderii		3.2 M	3.2 NAME						ł
STREET ADDRESS	201 II 20 II 21 21		3.3 9	3.3 STREET ADDRESS						
CITY-ST-ZIP				3.4. CITY-ST-ZIP						
TITLE			I.1 TITLE					Change	☐ Addition	
NAME			4.2 NAME						Į	
STREET ADDRESS	313 EASTRIDGE DR 438		4.3 STREET ADDRESS							
CITY-ST-ZIP	EUSTIS FL 440		CITY-S	T-ZIP						
TITLE	S	☐ DELET	E 5.17	TILE	Ţ				Change	☐ Addition
NAME	GALVSZA, BETTE		5.2	MME	-					İ
STREET ADDRESS	l aus madenin an an		TREE	TADORESS	•				Ì	
CITY-ST-ZIP	EUSTIS FL		5.4 (TY-S	T-ZIP					

14. I 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, with all other like empowered. CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

DIRECTOR

SAM SHOEMAKER

2760 WESTLAND

SIGNATURE:

WELSH, WIL

950 OLD EUSTIS RD

TITLE

NAME



DELETE

352-383-2757

Change

☐ Addition