

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90044 017 \*\*\*\*61.25

**DOCUMENT # 707273**

1. Entity Name  
**ST CLOUD SHUFFLEBOARD CLUB INCORPORATED**



Principal Place of Business  
**OHIO AND SEVENTH ST  
ST CLOUD, FL 34769**

Mailing Address  
**OHIO AND SEVENTH ST  
ST CLOUD, FL 34769**

40043070



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03042008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MASTERS, JOSEPH  
101 PAQUIN DR  
SAINT CLOUD, FL 34769**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Joseph Masters*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**3-5-08**

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
ROBERTS, DAVID  
1114 DELAWARE AVE  
SAINT CLOUD, FL 34769** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Joe Masters  
101 Paquin Dr  
St. Cloud, FL 34769** ☒ Change ☒ Addition  
**President**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2V  
MASTERS, JOE  
101 PAQUIN DR  
ST CLOUD, FL 32769** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ROBETO, PATRICK  
5275 HAYWOOD RUFFIN RD  
SAINT CLOUD, FL 34769** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FOURHIER, BARBARA  
436 JERSEY AVE  
ST CLOUD, FL 34769** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Fournier, Barbara** ☒ Change ☐ Addition  
**436 Jersey Ave** **Last name**  
**St. Cloud, FL 34769** **spelling**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FOURHIER, RAYMOND  
436 JERSEY AVE  
SAINT CLOUD, FL 34769** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Fournier, Raymond** ☒ Change ☐ Addition  
**spelling**  
**Last name**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1V  
RAY, BETTY  
2455 HERON CT  
SAINT CLOUD, FL 34769** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Ray, Betty** ☒ Change ☐ Addition  
**2455 Heron Ct.** **6585 Bay Shore Dr.**  
**St. Cloud, FL** **address**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Joseph Masters*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-5-08**

Date

Daytime Phone #