

FILE NOW: FILING FEE IS \$61.25

1 of 2

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 721667 (4)

1. Corporation Name

ORANGE CITY SHUFFLEBOARD CLUB, INC.



Principal Place of Business

Mailing Address

CLUBHOUSE N HOLLY AVE
PO BOX 740705
ORANGE CITY FL 32774-7705

CLUBHOUSE N HOLLY AVE
PO BOX 740705
ORANGE CITY FL 32774-7705

3. Date Incorporated or Qualified
09/07/1971

3a. Date of Last Report
03/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2960570

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

FRIEND, ANNA L
140 ORCHID WDS. CT., 16A
DELTONA FL 32725

81

Name

FENNER, MARIAN

82

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

1800 E. Graves Ave. Lot 32

83

84

City

Orange City

FL

85

Zip Code

32763

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

Marian Fenner
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5/11/96

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

HALE, ATHELYN

☐ DELETE

NAME

215 S. EUCLID AVENUE

STREET ADDRESS

LAKE HELEN FL

CITY - ST - ZIP

TITLE

V

DINUBIA, BILL

☐ DELETE

NAME

8 SWEETGUM DRIVE

STREET ADDRESS

ORANGE CITY FL

CITY - ST - ZIP

TITLE

T

FRIEND, ANNA L.

☐ DELETE

NAME

140 ORCHID WDS CT., 16A

STREET ADDRESS

DELTONA, FL 32725

CITY - ST - ZIP

TITLE

AT

FRY, BILL

☐ DELETE

NAME

211 UNIVERSITY AVE

STREET ADDRESS

ORANGE CITY FL

CITY - ST - ZIP

TITLE

S

FENNER, MARIAN

☐ DELETE

NAME

1800 E. GRAVES, LOT 32

STREET ADDRESS

ORANGE CITY FL

CITY - ST - ZIP

TITLE

2nd V

COLWELL, NEVA

☐ DELETE

NAME

2300 E. GRAVES, LOT 556

STREET ADDRESS

ORANGE CITY FL

CITY - ST - ZIP

13.

ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

F/D

☐ Change

☐ Addition

1.2 NAME

WHEELER, DICK

1.3 STREET ADDRESS

132 Providence Blvd.

1.4 CITY - ST - ZIP

Deltona, FL 32725

☐ Change

☐ Addition

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

AT

☐ Change

☐ Addition

4.2 NAME

Doble, Doris

4.3 STREET ADDRESS

2300 E. Graves Ave. Orange City, FL 32763

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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:

Marian Fenner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/96
Date

904 -
775-6399
Daytime Phone #

CR2E037 (12/95)

721667
2 of 2

Orange City Shuffleboard Club, Inc.

P.O. Box ~~708~~ 740705

Orange City, Fl. 32763 - 7705

Names and addresses of the other two (2) directors:

Hale, Athelyn D 215 S. Euclid Ave., Lake Helen, Fl. 32744

Gregory, Earl D 292 Lake Shore Drive, Lake Mary, Fl. 32746