


FILE NOW: FILING FEE IS \$61.25

FILED

May 20 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 # 721667 (4) 1. Corporation Name ORANGE CITY SHUFFLEBOARD CLUB, INC.			
Principal Place of Business CLUBHOUSE N HOLLY AVE PO BOX 740705 ORANGE CITY FL 32774-7705		Mailing Address CLUBHOUSE N HOLLY AVE PO BOX 740705 ORANGE CITY FL 32774-0705	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28	
3. Date Incorporated or Qualified 09/07/1971		3a. Date of Last Report 05/01/1996	
4. FEI Number 59-2960570		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 type="checkbox"/> No			
9. Name and Address of Current Registered Agent FENNER, MARIAN 1800 E. GRAVES AVE. LOT 32 ORANGE CITY FL 32763		10. Name and Address of New Registered Agent 81 Name Anna Holmes 82 Street Address (P.O. Box Number is Not Acceptable) 404 Wedgewood Court 83 Country Village 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 KATHY K. MATHER <i>Kathy K. Mather</i> 4/15/97 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD WHEELER, DICK 1382 PROVIDENCE BLVD. DELTONA FL 32725	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP V DINUBIA, BILL 8 SWEETGUM DRIVE ORANGE CITY FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP V Ottie Wordelman 1800 E. Graves Ave. Lot #23 Orange City, FL 32763	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP T FRIEND, ANNA L. 140 ORCHID WDS CT., 16A DELTONA, FL 32725	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP T Raymond Tetreault 66 Alamo Rd DeBary, FL 32713	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP AT DOBLE, DORIS 2300 E. GRAVES AVE. ORANGE CITY FL 32763	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP AT: Kathy Mather NO OFFICER. 1105 Patton Ave, Orange City FL 32763	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP S FENNER, MARIAN 1800 E. GRAVES, LOT 32 ORANGE CITY FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP S Anna Holmes 404 Wedgewood Court Country Village Orange City, FL 32763	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 2V COLWELL, NEVA 2300 E. GRAVES, LOT 556 ORANGE CITY FL	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Raymond Tetreault</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4-12-97 Daytime Phone # 0014774	

CR2E037 (9/96)