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Apr 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **721667** (4)

1. Corporation Name

**ORANGE CITY SHUFFLEBOARD CLUB, INC.**

Principal Place of Business

Mailing Address

**CLUBHOUSE N HOLLY AVE  
PO BOX 740706  
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**

4. FEI Number

**59-2960570**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOLMES, ANNA  
404 WEDGEWOOD COURT  
COUNTRY VILLAGE  
ORANGE CITY FL 32763**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>WHEELER, DICK</b>	
STREET ADDRESS	<b>1800 PROVIDENCE BLVD. 1857 GILES ST.</b>	
CITY-ST-ZIP	<b>DELTONA FL 32725</b>	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	<b>WORDELMAN, OTTIE</b>	
STREET ADDRESS	<b>1800 E GRAVES AVE LOT #23</b>	
CITY-ST-ZIP	<b>ORANGE CITY FL</b>	
TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>TETREAULT, RAYMOND</b>	
STREET ADDRESS	<b>86 ALANO RD</b>	
CITY-ST-ZIP	<b>DEBARY FL</b>	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	<b>MATHER, KATHY</b>	
STREET ADDRESS	<b>405 PATTIN AVE</b>	
CITY-ST-ZIP	<b>ORANGE CITY FL</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>HOLMES, ANNA</b>	
STREET ADDRESS	<b>404 WEDGEWOOD COURT COUNTRY VILLAGE</b>	
CITY-ST-ZIP	<b>ORANGE CITY FL</b>	
TITLE	2V	<input checked="" type="checkbox"/> DELETE
NAME	<b>COCWELL, NEVA</b>	
STREET ADDRESS	<b>2300 E GRAVES, LOT 556</b>	
CITY-ST-ZIP	<b>ORANGE CITY FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VICE PRESIDENT</b>
2.3 STREET ADDRESS	<b>KATHY MATHER</b>
2.4 CITY-ST-ZIP	<b>405 PATTIN AVE</b>
	<b>ORANGE CITY FL 32763</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>DIRECTOR</b>
3.3 STREET ADDRESS	<b>KATHY MATHER</b>
3.4 CITY-ST-ZIP	<b>405 PATTIN AVE</b>
	<b>ORANGE CITY FL 32763</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>ATHELYN HALE</b>
4.3 STREET ADDRESS	<b>DIRECTOR</b>
4.4 CITY-ST-ZIP	<b>215 S. EUCLID AVE</b>
	<b>LAKE HALEN, FL</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>DIRECTOR</b>
5.3 STREET ADDRESS	<b>EARL GREGORY</b>
5.4 CITY-ST-ZIP	<b>292 LAKE SHORE DR</b>
	<b>LAKE HALEN, FL</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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, upon an attachment with an affidavit.

SIGNATURE:

**Raymond A. Tetreault Treasurer**

Date

Daytime Phone #

0014644

CR2E037 (10/97)