


FILE NOW: FILING FEE IS \$61.25

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Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90090 027 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 721667					
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 32774-7705		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/07/1971	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2960570	
24 Country		29 Country		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing				<input type="checkbox"/> Trust Fund Contribution	

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			
				Athelyn G. Hale			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				215 So. Euclid Avenue			
83 City				Lake Helen			
84 City				Lake Helen			
85 Zip Code				FL 32744			

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 Athelyn G. Hale (NOTE: Registered Agent signature required when reinstating) DATE March 25, 1999

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE PD NAME WHEELER, DICK STREET ADDRESS 1857 GILES ST CITY-ST-ZIP DELTONA FL 32725 <input checked="" type="checkbox"/> DELETE				1.1 TITLE P. 1.2 NAME Tetreault, Raymond 1.3 STREET ADDRESS 66 Alano Road 1.4 CITY-ST-ZIP DeBary, Florida, 32713 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE VP NAME MATHER, KATHY STREET ADDRESS 405 PATTIN AVE CITY-ST-ZIP ORANGE CITY FL 32763 <input checked="" type="checkbox"/> DELETE				2.1 TITLE P. 2.2 NAME Nancy Scanlon 2.3 STREET ADDRESS 204 N. Oak 2.4 CITY-ST-ZIP Orange City, 32763 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE T NAME TETREAULT, RAYMOND STREET ADDRESS 66 ALANO RD CITY-ST-ZIP DEBARY FL <input checked="" type="checkbox"/> DELETE				3.1 TITLE P. 3.2 NAME Paul Criste 3.3 STREET ADDRESS 648 Orange Tree Drive 3.4 CITY-ST-ZIP Orange City, Fl. 32763 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE AT NAME MATHER, KATHY STREET ADDRESS 405 PATTIN AVE CITY-ST-ZIP ORANGE CITY FL <input type="checkbox"/> DELETE				4.1 TITLE P. 4.2 NAME Kathy Mather 4.3 STREET ADDRESS 405 Patlin Avenue 4.4 CITY-ST-ZIP Orange City, Fl. 32763 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE S NAME HOLMES, ANNA STREET ADDRESS 404 WEDGEWOOD COURT COUNTRY VILLAGE CITY-ST-ZIP ORANGE CITY FL <input checked="" type="checkbox"/> DELETE				5.1 TITLE S 5.2 NAME Athelyn G. Hale 5.3 STREET ADDRESS 215 So. Euclid Ave. 5.4 CITY-ST-ZIP Lake Helen, Fl. 32744 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE D NAME GREGORY, EARL STREET ADDRESS 292 LAKE SHORE DR CITY-ST-ZIP LAKE MARY FL <input type="checkbox"/> DELETE				6.1 TITLE D 6.2 NAME Gregory, Earl 6.3 STREET ADDRESS 292 Lake Shore Dr 6.4 CITY-ST-ZIP Lake Mary, Fl. <input type="checkbox"/> Change <input type="checkbox"/> Addition			

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 appointments.

SIGNATURE: Athelyn G. Hale H Athelyn G. Hale 215 S Euclid Ave Lake Helen, FL 32744 March 25, 1999 1-904-228-2169

CR2E037-11/98