

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90058 042 \*\*\*\*61.25

<b>DOCUMENT # N07000011582</b> 1. Entity Name <b>ORANGE CITY SHUFFLEBOARD CLUB INC</b>					
Principal Place of Business <b>220 N HOLLY AVE</b> <b>ORANGE CITY, FL 32774 US</b>			Mailing Address <b>PO BOX 740705</b> <b>ORANGE CITY, FL 32763</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country			
4. FEI Number <b>26-150-1273</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MORAN, PATRICIA B</b> <b>150 SO ORANGE AVE</b> <b>ORANGE CITY, FL 32763</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <b>P</b> NAME <b>FLEMING, RONALD</b> STREET ADDRESS <b>51 TERRA CRI COURT</b> CITY-ST-ZIP <b>DEBARY, FL 32713</b>	<input checked="" type="checkbox"/> Delete <b>Delete</b>		TITLE <b>President:</b> NAME <b>Skybondz, Stanley</b> STREET ADDRESS <b>1942 E Cooper Drive</b> CITY-ST-ZIP <b>Deltona FL 32785</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>VP</b> NAME <b>SKYBONDZ, STANLEY</b> STREET ADDRESS <b>1942 E COOPER DR</b> CITY-ST-ZIP <b>DELTONA, FL 32725</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>V.P.</b> NAME <b>LARRY Boukowski</b> STREET ADDRESS <b>3171 PIGEON COVE ST.</b> CITY-ST-ZIP <b>Deltona FL 32738</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>S</b> NAME <b>MORAN, PATRICIA B</b> STREET ADDRESS <b>150 SOUTH ORANGE AVE</b> CITY-ST-ZIP <b>ORANGE CITY, FL 32763</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>T</b> NAME <b>FOREY, RUTH E</b> STREET ADDRESS <b>217 COUNTRYSIDE DR</b> CITY-ST-ZIP <b>ORANGE CITY, FL 32763</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> <i>Stanley Skybondz</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>Stanley Skybondz 1/14/08 532-1089</i> <small>Date Daytime Phone #</small>		